Turkey

Demographic and Health Survey 1998



Hacettepe University
Institute of Population Studies



MEASURE DHS+
Macro International Inc.

		Valu
	BASIC INDICATORS	
Childhood mortality	Infant mortality rate	42.7 per 1,00
·	Under-five mortality rate	52.1 per 1,00
Childhood undernutrition	Percent stunted	16.
Cimanova andomantion	Percent wasted	10,
	Percent underweight	8.
Clean water supply	Percent of households within 15 minutes of a safe water supply	74.
Sanitary excreta disposal	Percent of households with flush toilets or VIP latrines	87.
Basic education	Percent of women 15-49 with completed primary education	78.
Jasic education	Percent of men 15-49 with completed primary education	76. 94.
	Percent of girls 6-12 attending school	69.
	Percent of boys 6-12 attending school	78,
	Percent of women 15-49 who are literate	/o. 84.
Children in especially	Percent of children who are orphans (both parents dead)	0.
difficult situations	Percent of children who do not live with their natural mother	3.
annout studeous	Percent of children who live in single adult households	2.
	SUPPORTING INDICATORS	 .
Vomen's Health		
Birth spacing	Percent of births within 24 months of a previous birth	26.
Safe motherhood	Percent of births with medical antenatal care	67.
	Percent of births with antenatal care in first trimester	46.
	Percent of births with medical assistance at delivery	80.
	Percent of births in a medical facility	72.
	Percent of births at high risk	40.
amily planning	Contraceptive prevalence rate (any method, currently married women)	63.
	Percent of currently married women with an unmet demand for	
	family planning	10.
	Percent of currently married women with an unmet need for	
	family planning to avoid a high-risk birth	7.
Nutrition	Provide Control of the Provide	
Maternal nutrition	Percent of mothers with low BMI	2.
ow birth weight	Percent of births at low birth weight (of those reporting numeric weight)	14.
Breastfeeding	Percent of children under 4 months who are exclusively breastfed	9.
Child Health		
Vaccinations	Percent of children whose mothers received tetanus toxoid vaccination	
	during pregnancy	43,
	Percent of children 12-23 months with measles vaccination	78.
	Percent of children 12-23 months fully vaccinated	45.
Diarrhoea control	Percent of children with diarrhoea in preceding 2 weeks who received	
	oral rehydration therapy (sugar-salt-water solution)	26.

Turkish Demographic and Health Survey 1998

Hacettepe University, Institute of Population Studies Ankara, Turkey

Macro International Inc. Calverton, Maryland, USA

with the contributions of

General Directorate of Mother and Child Health/Family Planning, Ministry of Health, Ankara, Turkey United Nations Population Fund, New York, USA U.S. Agency for International Development, Washington DC, USA

October 1999

This report summarises the findings of the 1998 Turkish Demographic and Health Survey (TDHS-98) conducted by the Institute of Population Studies, Hacettepe University (HIPS) in collaboration with the General Directorate of Mother and Child Health/Family Planning, Ministry of Health. Technical and financial support for the survey were provided both by the United Nations Population Fund (UNFPA) and Macro International Inc. through its MEASURE/DHS+ project, a project sponsored primarily by the United States Agency for International Development (USAID) to carry out population and health surveys in developing countries.

The TDHS-98 is part of the worldwide Demographic and Health Surveys (MEASURE/DHS+) program, which is designed to provide decision-makers in survey countries with a database and analyses useful for informed policy choices, to expand the international population and health database, to advance survey methodology, and to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys. The TDHS-98 survey is the most recent in a series of demographic surveys carried out in Turkey by HIPS to provide information on fertility and child mortality levels; family planning awareness, approval and use; and basic indicators of maternal and child health.

Additional information on the TDHS-98 can be obtained from Hacettepe University, Institute of Population Studies, 06100 Ankara, Turkey (Telephone: 312-3107906; Fax: 312-3118141; E-mail: hips@hacettepe.edu.tr). Information on the worldwide MEASUR/DHS+ program may be obtained by writing: MEASURE/DHS+, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA (Telephone: 301-572-0200; Fax: 301-572-0999).

CONTENTS

	Page
Tables	vii
	,.xi
~	xiii
	ndingsxv
-	xviii
	· · · · · · · · · · · · · · · · · · ·
CHAPTER 1	INTRODUCTION
	Sunday Üner and Banu Akadlı Ergöçmen1
1.1	Geography1
1.2	History1
1.3	Administrative Divisions and Political Organisation
1.4	Social and Cultural Features
1.5	Economy
1.6	Regional Breakdown 4
1.7	Population
1.8	Population and Family Planning Policies and Programs
1.9	Health Priorities and Programs
1.10	Health Care System in Turkey
1.11	Objectives and Organisation of the Survey7
CHAPTER 2	CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS
	İsmet Koç and Attila Hancıoğlu 13
2.1	Population by Age and Sex
2.2	Household Composition
2.3	Fosterhood and Orphanhood
2.4	Educational Level of the Household Population
2.5	School Enrollment
2.6	Housing Characteristics
2.7	Household Durable Goods22
2.8	Background Characteristics23
2.9	Respondents' Level of Education by Background Characteristics
2.10	Reasons for Leaving School
2.11	Differentials in Characteristics of Couples
2.12	Exposure to Print Media
2.13	Employment and Occupation
2.14	Decision on Use of Earnings
2.15	Child Care While Working

RTILITY		
kut Toros		
mont Postilie.		
rrent Fertility		
ildren Ever Born and Living		
th Intervals		
e at First Birthenage Pregnancy and Motherhood	······································	
mage 1 regulately and Motherhood	***************************************	
RTILITY REGULATION		
rgay Ünalan and İsmet Koç		
owledge of Family Planning Methods		
er Use of Family Planning Methods	••••••••••••••••••••••••••••••••••••••	
rrent Use of Contraceptive Method		
and in Contraceptive Use		
mber of Children at First Use of Contraception		
owledge of the Fertile Period		
ning of Female Sterilisation		
urces for Family Planning Methods		
continuation of Contraceptive Use		
ure Use of Family Planning.		
posure to Family Planning Messages in the Electronic Media		••••••
ceptability of Use of Electronic Media to Disseminate Family		
nning Messages		
posure to Family Planning Messages in the Print Media		
itudes of Couples Toward Family Planning	ing	
ORTIONS AND STILLBIRTHS		
nu Akadlı Ergöçmen and Turgay Ünalan	alan	••••••
e-time Experience of Women		
rrent Levels and Trends		
ntraceptive Use Before and After Induced Abortions		
asons for Induced Abortion		
ning of Induced Abortions		
vider		
HER PROXIMATE DETERMINANTS OF FERTILITY nu Akadlı Ergöçmen and İsmet Koç		
THE CAMERIA SECONDIAN SHIPS SAVY	***************************************	
rent Marital Status		
e at First Marriage	***************************************	
At First Sexual Intercourse		
tpartum Amenorrhoea, Postpartum Abstinence, and Insusceptibility		

		Page	
CHAPTER 7	FERTILITY PREFERENCES		
CHAITER /	Turgay Ünalan and Elif Kurtuluş	87	
7.1	Desire for More Children	87	
7.2	Need for Family Planning Services		•
7.3	Ideal and Actual Number of Children		
7.4	Fertility Planning.	95	
CHAPTER 8	INFANT AND CHILD MORTALITY		
CHAFIERO	Attila Hancioğlu	97	
	Attia Hanciogiu	77	
8.1	Definitions of Infant and Child Mortality	97	
8.2	Assessment of Data Quality		
8.3	Levels and Trends in Infant and Child Mortality		
8.4	Differentials in Infant and Child Mortality	100	
8.5	High-risk Fertility Behaviour	102	
CITY A TOPOTEST A	BAAMBERNIA AND CATAL OF TAKE AND AND AND AND AND AND AND AND AND AND		
CHAPTER 9	MATERNAL AND CHILD HEALTH	105	
	Banu Akadh Ergőçmen	103	
9.1	Antenatal Care and Delivery Assistance	105	•
9.2	Immunisation of Children		
9.3	Prevalence and Treatment of Diarrhoea		
CHAPTER 10	INFANT FEEDING, MATERNAL AND CHILDHOOD NUTRITION		
	Ergül Tunçbilek, Elif Kurtuluş, and Attila Hancıoğlu	123	
10.1	Breastfeeding and Supplementation	122	
10.2	Nutritional Status	128	
10.3	Maternal Nutrition		
· •			
CHAPTER 11	KNOWLEDGE OF AIDS AND SEXUALLY TRANSMITTED DISEASES		
	Attila Hancioğlu and A. Sinan Türkyılmaz	135	
11.1	Source of Information about AIDS		
11.2 11.3	Knowledge of Ways to Prevent AIDS Perception of Risk of AIDS		
13.5	refeephon of Risk of AIDS	141	
REFERENCE	s	145	
	· · · · · · · · · · · · · · · · · · ·	4 ,0	
APPENDIX A	PERSONNEL INVOLVED IN THE TURKISH		
	DEMOGRAPHIC AND HEALTH SURVEY	147	
	•	•	
	V		

		Page
APPENDIX B	SURVEY DESIGN	
	A. Sinan Türkyılmaz and Alfredo Aliaga	151
B.1	Sample Design and Implementation	153
B.2	Sample Frame	
B.3	Stratification	
B.4	Sample Allocation	
B.5	Sample Selection	
B.6	Questionnaire Development and Pre-Test	157
B.7	Data Collection Activities	
B.8	Data Processing and Analysis	
B.9	Calculation of Sample Weights	
APPENDIX C	ESTIMATES OF SAMPLING ERRORS	
	Alfredo Aliaga and A. SinanTurkyılmaz	169
APPENDIX D	DATA QUALITY TABLES	183
ADDENDIVE	QUESTIONNAIRES	101
ALLENDIY F	QUESTIONIAIRES	

TABLES

		Page
Table 1.1	Results of the household and individual interviews	11
Table 2.1	Household population by age, residence and sex	14
Table 2.2	Population by age from selected sources	
Table 2.3	Household composition	
Table 2.4	Fosterhood and orphanhood	
Table 2.5	Educational level of the household population	
Table 2.6	School enrolment	
Table 2.7	Housing characteristics	•
Table 2.8	Household durable goods	
Table 2.9	Background characteristics of respondents	
Table 2.10	Level of education	
Table 2.11	Reasons for leaving school	
Table 2.12	Differential characteristics between spouses	
Table 2.13	Exposure to print media	
Table 2.14	Employment	
Table 2.15	Occupation	
Table 2.16	Decision on use of women's earnings	
Table 2.17	Child care while working	
Table 3.1	Current fertility	
Table 3.2	Fertility by background characteristics	
Table 3.3	Age-specific fertility rates	
Table 3.4	Fertility by marital duration	
Table 3.5	Children ever born and living	
Table 3.6	Birth intervals	
Table 3.7	Age at first birth	
Table 3.8	Median age at first birth by background characteristics	
Table 3.9	Teenage pregnancy and motherhood	
Table 4.1	Knowledge of contraceptive methods and source for methods	
Table 4.2	Couples' knowledge of contraceptive methods	
Table 4.3	Ever use of contraception	
Table 4.4	Current use of contraception	
Table 4.5	Current use of contraception by background characteristics	
Table 4.6	Trends in current use of contraception	
Table 4.7	Trends in current use of contraception by residence and region	
Table 4.8	Number of children at first use of contraception	
Table 4.9	Knowledge of fertile period	
Table 4.10	Timing of sterilisation	
Table 4.11	Source of supply for modern contraceptive methods	
Table 4.12	Source of supply for selected modern methods, 1993 and 1998	
Table 4.13	Contraceptive discontinuation rates	
Table 4.14	Reasons for discontinuation of contraception	
Table 4.15	Future use of contraception	
Table 4.16	Reasons for not using contraception	
Table 4.17	Preferred method of contraception for future use	00
Table 4.18	Heard about family planning on radio and television	
Table 4.19	Acceptability of family planning messages on radio and television	

		Page
Table 4.20	Heard about family planning through print media	64
Table 4.21	Wives' perceptions of couple's attitude toward family planning	65
Table 4.22	Attitudes of couples toward family planning	67
Table 5.1	Number of abortions and stillbirths	70
Table 5.2	Induced abortions by background characteristics	70
Table 5.3	Abortions and stillbirths per 100 pregnancies	71
Table 5.4	Trend in induced abortions	71
Table 5.5	Method used before abortion	72
Table 5.6	Method used after abortion	73
Table.5.7	Reasons for induced abortion	74
Table 5.8	Timing of induced abortions	75
Table 5.9	Abortion providers	75
Table 6.1	Current marital status	77
Table 6.2	Age at first marriage	79
Table 6.3	Median age at first marriage	8 0
Table 6.4	Age at first sexual intercourse	82
Table 6.5	Median age at first intercourse	82
Table 6.6	Postpartum amenorrhoea, abstinence and insusceptibility	83
Table 6.7	Median duration of postpartum insusceptibility by background characteristics	85
Table 6.8	Termination of exposure to risk of pregnancy	85
Table 7.1	Fertility preference by number of living children	88
Table 7.2	Fertility preference by age	89
Table 7.3	Desire to limit (stop) childbearing	90
Table 7.4	Need for family planning services	91
Table 7.5	Ideal and actual number of children	93
Table 7.6	Mean ideal number of children by background characteristics	94
Table 7.7	Fertility planning status	95
Table 7.8	Wanted fertility rates	96
Table 8.1	Infant and child mortality	99
Table 8.2	Neonatal, post-neonatal, infant, child, and under-five mortality by socioeconomic characteristics	101
Table 8.3	Neonatal, post-neonatal, infant, child, and under-five mortality by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	biodemographic characteristics	102
Table 8.4	High-risk fertility behaviour	
Table 9.1	Antenatal care	
Table 9.2	Number of antenatal care visits and stage of pregnancy	
Table 9.3	Tetanus toxoid vaccinations.	
Table 9.4	Place of delivery	
Table 9.5	Assistance during delivery	
Table 9.6	Delivery characteristics: caesarean section, birth weight and size	
Table 9.7	Delivery complications	
Table 9.8	Vaccinations by source of information	
Table 9.9	Vaccinations by background characteristics	
Table 9.10	Vaccinations in first year of life by current age	
Table 9.11	Prevalence of diarrhoea	
Table 9.12	Treatment of diarrhoea	
Table 9.13	Feeding practices during diarrhoea	

		Page
Table 10.1	Initial breastfeeding	124
Table 10.2	Breastfeeding status	125
Table 10.3	Median duration and frequency of breastfeeding	126
Table 10.4	Types of food received by children in the preceding 24 hours	127
Table 10.5	Nutritional status of children by background characteristics	129
Table 10.6	Anthropometric indicators of maternal nutritional status	130
Table 10.7	Nutritional status of mothers by background characteristics	134
Table 11.1.1	Knowledge of AIDS and sources of AIDS information: women	136
Table 11.1.2	Knowledge of AIDS and sources of AIDS information: husbands	137
Table 11.2	Knowledge of AIDS and sexually transmitted diseases (STDs)	
Table 11.3.1	Knowledge of ways to avoid HIV/AIDS: women	139
Table 11.3.2	Knowledge of ways to avoid HIV/AIDS: husbands	140
Table 11.4.1	Knowledge of AIDS-related issues: women	142
Table 11.4.2	Knowledge of AIDS-related issues: husbands	143
Table B.1	Allocation of sample households	155
Table B.2	Distribution of sample clusters	156
Table B.3.1	Design weights and nonresponse factors: women sample	163
Table B.3.2	Design weights and nonresponse ractors: husbands sample	164
Table B.4	Final sample weights	165
Table B.5	Sample implementation: women	167
Table B.6	Sample implementation: husbands	168
Table C.1	List of selected variables for sampling errors	173
Table C.2	Sampling errors - National sample	174
Table C.3	Sampling errors – Urban areas	175
Table C.4	Sampling errors - Rural areas	176
Table C.5	Sampling errors – West region	177
Table C.6	Sampling errors – South region	178
Table C.7	Sampling errors – Central region	179
Table C.8	Sampling errors – North region	180
Table C.9	Sampling errors – East region	181
Table D.1	Household age distribution	185
Table D.2	Age distribution of eligible and interviewed women	186
Table D.3	Completeness of reporting	186
Table D.4	Births by calendar years	187
Table D.5	Reporting of age at death in days	188
Table C.6	Reporting of age at death in months	189

·			

FIGURES

	Page
Figure 2.1	Population Pyramid
Figure 2.2	Number of Persons Reported at Each Age by Sex15
Figure 2.3	School Enrolment by Age and Place of Residence
Figure 3.1	Age-Specific Fertility Rates by Urban-Rural Residence
Figure 3.2	Age-Specific Fertility Rates during the Last 20 Years39
Figure 4.1	Current Use of Family Planning Methods, Turkey 1993 and 1998
Figure 4.2	Current Use of Family Planning by Region and Method
Figure 4.3	Knowledge of Fertile Period among All Women
Figure 4.4	Source of Supply of Modern Contraceptive Methods
Figure 4.5	Ever Use of Contraception among Non-Users
Figure 4.6	Attitudes toward Family Planning as Reported by Women
Figure 6.1	Marital Status of Women Age 15-49
Figure 6.2	Median Age at First Marriage among Women 25-49 and Men 25-64
Figure 6.3	Percentage of Births Whose Mothers are Amenorrhoeic, Abstaining, or Insusceptible
Figure 7.1	Fertility Preferences of Currently Married Women, Age 15-4987
Figure 7.2	Under-Five Mortality by Selected Demographic Characteristics
Figure 8.1	Trends in Infant and Child Mortality100
Figure 9.1	Source of Antenatal Care by Maternal Age and Birth Order
Figure 9.2	Antenatal Care by Region and Residence
Figure 9.3	Place of Delivery by Maternal Age and Birth Order111
Figure 9.4	Percentage of Children Under Five Years with Diarrhoea, by Age, Sex, Birth Order and Residence
Figure 10.1	Growth of Children Under Five Years, Mean Z-scores by Age in Months

		,		

FOREWORD

It is a great pleasure for me to introduce the main findings of the 1998 Turkish Demographic and Health Survey. The findings presented in this volume highlight the major changes that are taking place in the Turkish demographic and health situation. The population of Turkey is going through a structural transition. Mortality rates are going down. Advancements in infant mortality are impressive. Fertility is becoming a matter of choice rather than fate. Replacement levels of fertility are within sight. Significant changes are taking place in age distribution. The proportion of the population living in urban areas is approaching the level observed in industrial societies. These factors, which are both a cause as well as consequence of each other, illustrate the shifting state of Turkish demographic forces.

In view of the dynamic nature of the demographic situation, there is a continuing need for good demographic data in Turkey. "Valid, reliable, timely, culturally relevant and internationally comparable data form the basis for policy and program development, implementation monitoring and evaluation" writes the ICPD Programme of Action adopted at the International Conference on Population and Development in 1994. Good governance is built upon good data. Within this context, data collected through the World Fertility Survey (WFS) and Demographic and Health Survey (DHS) programs have proven their merit globally.

Hacettepe Institute of Population Studies (HIPS) is one of the first academic institutions to collect survey data in the form defined by the WFS-DHS heritage. In fact, HIPS has been contributing to this heritage since its 1968 survey, and preparatory international pilot studies for WFS in the mid-1970s. In the 30 years since 1968, HIPS has successfully carried out six nationwide surveys at regular five-year intervals. The 1998 Turkey DHS is the seventh in its series. I believe that there are not many examples of a similar survey series in the world.

The 1998 Turkish Demographic and Health Survey (TDHS-98) was conducted through an agreement with Macro International Inc. under the auspices of a the MEASRE DHS+ project supported by the United States Agency for International Development. The TDHS-98 is the second demographic survey carried out in collaboration with Macro International Inc. Contributions of the United Nations Population Fund also were critical in realisation of the survey in its present scope. Without the UNFPA contribution, the scope of the survey would have been much more limited.

The TDHS-98 findings are crucial in monitoring trends in demographic and health variables and in understanding the factors that contribute to differentials in fertility and contraceptive use among various population subgroups. The data also are important for understanding the factors that influence the health and survival of infants and young children. In addition, the TDHS-98 provides a wealth of information for husbands and never-married women. Beyond providing insights into population and health issues in Turkey, it is hoped that the TDHS-98 will also lead to an improved global understanding of population and health problems, as one of more than 80 surveys implemented and sponsored by the Demographic and Health Surveys Program.

This TDHS-98 could have been realised only with the industrious contributions of many individuals. I would like to express my appreciation to the HIPS staff for their devotion and sincere efforts in accomplishing the planned activities on time and to Dr. Banu Ergöçmen and Dr. Edilberto Loaiza for preparing this presentation of the survey findings. I would like to thank Dr. Ann Way who had a large part at the inception of the project as well as at the finalization of the main report. Dr. Pinar Senlet, USAID mission in Turkey, tactfully paved the way through difficulties. I also would like to acknowledge the contributions of Dr. Mona Kaidbey and other UNFPA staff through their representative, Dr. Alain P. Mouchiroud. The Population Sector of the State Planning Organisation through her able director Dr Samira Yener was critically instrumental in getting the survey started. I thank them all. My

thanks are also due to the Steering Committee Members for their valuable contributions and to the State Institute of Statistics for their assistance in sample selection. I would like to express my gratitude to Prof. Dr. Süleyman Sağlam, the Rector of Hacettepe University, for his continuous encouragement and support during all phases of the survey.

Finally, my special thanks go to Dr. Rifat Köse and to his dedicated staff at the General Directorate of Mother and Child Health/Family Planning in the Ministry of Health. Their support was indeed crucial and is a good example of a cooperation between a governmental body and an academic institution.

Altogether it was a tough task to accomplish, although it was a pleasant enterprise for those who did it.

Prof. Dr. Aykut Toros
Director
Institute of Population Studies
Hacettepe University

SUMMARY OF FINDINGS

The 1998 Turkish Demographic and Health Survey (TDHS-98) is a nationally representative sample survey designed to provide information on fertility levels and trends, infant and child mortality, family planning, and maternal and child health. Survey results are presented at the national level, by urban and rural residence and for each of the five regions in the country.

The survey was fielded between August and November 1998. Hacettepe University Institute of Population Studies (HIPS) carried out the TDHS-98 in collaboration with the General Directorate of Mother and Child Health and Family Planning, Ministry of Health. Funding for the TDHS-98 was provided both by the U.S. Agency for International Development through the MEASURE/DHS+ program and United Nations Population Fund.

Interviews were carried out in 8,059 households, with 8,576 women, and with 1,971 husbands. All women at ages 15-49 who were present in the household on the night before the interview or who generally live in that household were eligible for the survey. In half of the selected households for women interview, husbands (of currently married eligible women), who were present in the household on the night before the interview or who generally live in that particular household were eligible husbands for the survey.

Survey results indicate that if Turkish women maintain current fertility rates during their reproductive years, they can expect to have an average of 2.6 children by the end of their reproductive years. The highest fertility rate is observed for the age group 20-24. There are marked regional differences in fertility rates, ranging from 4.2 children per woman in the East to 2.0 children per woman in the West. Fertility also varies widely by urban-rural residence and by education level. A woman living in rural areas will have almost one child more than a woman living in an urban area. However, when compared with evidence from previous surveys it is worth noting that the urban/rural gap appears to be closing. Women who have no education have almost one child more than women who have a primary-level education and almost 2 children more than women with secondary-level education.

The first requirement of success in family planning is the knowledge of family planning methods. Knowledge of modern method is almost universal among Turkish women. The IUD and pill are the most widely known family planning methods among women and husbands followed by the condom and female sterilisation. Eighty-four percent of currently married women have used a method sometime in their life. Thirty-nine percent of currently married women report ever using the IUD. Overall, 64 percent of currently married women are currently using a method. The majority of these women are modern method users (38 percent), but more than one fourth use traditional methods (26 percent). The IUD is the most commonly used modern method (20 percent), followed by the condom (8 percent) and the pill (4 percent). Regional differences are substantial. The level of current use is 42 percent in the East, 71 percent in the West and more than 60 percent in the other three regions.

A basic knowledge of reproductive physiology is necessary, especially in the use of coitus-related methods. However, only 18 percent of all women know the correct time of ovulation. Information on the sources of methods is important for planning the services. The majority of modern method users (56 percent) obtain the methods from public sector. Health centres are the major public sector suppliers (23 percent) and pharmacies are the major private sector suppliers (25 percent).

The discontinuation rate of the IUD is the lowest among all methods. Information on the intentions of current non-users was also collected for the estimation of future demand. Of this group, 44 percent do not intend to use any method in the future whereas half of the currently married women who are not using any

contraception have the intention to use in future. Of the latter women, more than one third report that their method of choice will be the IUD.

During the five year period before the survey, almost one in four pregnancies terminated in other than a live birth. Only about 2 out of every 100 pregnancies ended in a stillbirth and of the 23 abortions per 100 pregnancies 15 were induced. More than one fourth of ever-married women reported ever having had an induced abortion during their reproductive lives. However, among the women who had had an induced abortion, around half had had only one induced abortion. Women living in the East region and in the rural settlements are the least likely to have ever had an induced abortion. There is little variation by education in the proportion of ever-married women who have had an induced abortion.

There is a very important opportunity for family planning counselling after an abortion. However, the results show that this opportunity is not utilised well. In the month after an induced abortion, 32 percent of women did not use any method and 27 percent used withdrawal. The main reason for obtaining an abortion was the desire not to have any more children (62 percent). Overall, 68 percent of abortions took place in the first month of pregnancy, 23 percent in the second month, and 9 percent in the third or later months of pregnancy. Some 74 percent of abortions took place at a private sector; there is variation between regions in terms of the place where induced abortions are performed.

The age at first marriage is one of the important determinants of fertility. TDHS-98 results suggest that there is a steady increase in the median age at first marriage, with respect to cohorts. The median age at first marriage has increased from 18.4 years for the 45-49 age group to 20 years for the 25-29 age group. There are differences in the age at marriage across places of residence and regions. Even more pronounced differences are observed by educational level of women. Among women age 25-49, there is a difference of almost 6 years in the timing of entry into marriage between those with little or no education and those who completed at least the secondary level. The survey findings indicate that husbands enter into first marriage at much later age than women. The median age at first marriage is 23.5 for the husbands in age group 25-29, and it is 24 for the 30-34 and 35-39 age groups.

Two-thirds of currently married women in Turkey say that they do not want any more children or are already sterilised for contraceptive purposes. An additional 14 percent want to wait at least two years before having another child. Sixty percent of husbands at ages 30-34 want to have no more children. A strong desire for a two-child family is evident. Results from the survey suggest that if all unwanted births were eliminated, the total fertility rate at the national level would be 1.9 children per woman, almost one child lower than the actual level of 2.6. Nineteen percent of the births in the five years preceding the survey were unwanted births and 11 percent of them were mistimed. The unmet need for family planning in Turkey indicates that there is potential for further increases in contraceptive use. Ten percent of currently married women are considered to be in need of a family planning method either for spacing or for limiting.

For the five years preceding the TDHS-98, the infant mortality rate is estimated at 43 per thousand, the child mortality rate at 10 per thousand, and the under-five mortality rate at 52 per thousand. For the same period, results show that in Turkey, the neonatal mortality rate is higher than the postneonatal mortality rate, and that all the indicators of infant and child mortality have declined rapidly in recent years.

The TDHS-98 findings point to significant differences in infant and child mortality between regions and urban and rural areas, and show that the educational level of the mother and the presence of medical maternity care are important correlates of infant and child mortality. In addition to the differentials observed between socioeconomic groups, infant and child mortality rates also appear to correlate strongly with demographic variables. Age of mother at birth and order of birth show the expected U-shaped relationship with infant and child mortality. High birth order and short birth intervals are the major factors contributing to elevated risks of mortality.

Among the maternal health indicators, antenatal care was received from trained health personnel by 68 percent of pregnant women. It is preferred that antenatal care is sought early in pregnancy and is continued throughout a pregnancy. In Turkey, in 58 percent of the births, antenatal care was sought before the sixth month of pregnancy and the median number of antenatal care visits is 4.2. Tetanus toxoid coverage for women is low, with 15 percent having one dose and 29 percent having two doses or more. The TDHS-98 shows that 73 percent of all deliveries took place at a health facility.

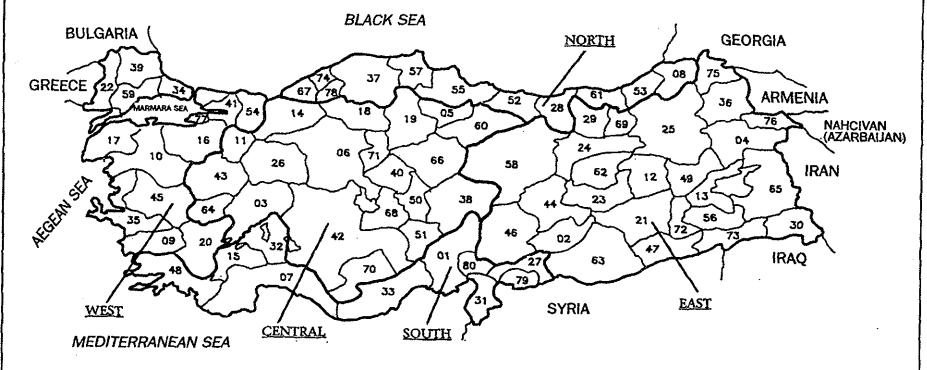
One of the major child health indicators is immunisation coverage. Among children age 12-23 months, the coverage rates for BCG and the first dose of DPT are 87 and 86 percent respectively, with most of the children receiving those vaccines before age one. The results indicate that only 40 percent of the children had received all vaccinations at some time before the survey. On a regional basis, coverage is significantly lower in the East region, followed by the West and Central regions. Diarrhoea is a prevalent disease of children under age five in Turkey. In the two weeks preceding the survey, the prevalence of diarrhoea was 30 percent for children under age five. Among children with diarrhoea 70 percent were given more fluids than usual.

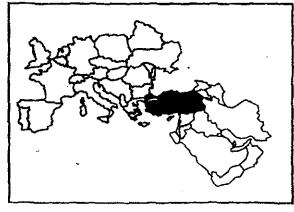
Breastfeeding in Turkey is widespread. Almost all Turkish children (95 percent) are breastfed for some period of time. The median duration of breastfeeding is 14 months, but supplementary foods and liquids are introduced at an early age. Almost half of the children are being given supplementary food as early as one month of age.

By age five, almost one-quarter of children are stunted (short for their age), compared to an international reference population. Stunting is more prevalent in rural areas, in the East, among children of mothers with little or no education, among children who are of higher birth order, and among those born less than 24 months after a prior birth. Overall, wasting is not a problem. Two percent of children are wasted (thin for their height), and 8 percent of children under five are underweight for their age. The survey results show that obesity is a problem among mothers. According to Body Mass Index (BMI) calculations, 52 percent of mothers are overweight, of which 19 percent are obese.

AIDS is widely known in Turkey. Overall 84 percent of women and 93 percent of husbands have heard about AIDS. However, although women and husbands generally know AIDS, knowledge of ways to avoid it appears to be poor among a substantial minority of both groups. Additionally, the general perception of the disease in Turkey is that it is almost always fatal; 65 percent of women and 74 percent of husbands stated AIDS as an almost always a fatal disease. Sexually transmitted diseases (STD) other than AIDS are not known as widely as AIDS is known. Thirty-five percent of currently married women and 27 percent of never-married women reported having heard of STDs. STDs are more widely known by husbands; 54 percent of the husbands mentioned knowing STDs.

TURKEY





REGIONS AND PROVINCES

West so	OUTH CE	ntral	N	ORTH	EAST.		
09 Aydın 01 10 Balıkesir 07 16 Bursa 15 17 Çanaldale 27 20 Denizli 31 22 Edime 32 34 İstanbul 33 35 İzmir 48 39 Kirldareli 79	Adana 03 Antaiya 05 Burdur 06 Gazisntep 11 Hatay 14 tsparta 18 İçel 19 Muğla 26 Kilis 38 Osmaniye 40 43	Afyon 51 Amasya 60 Ankara 64 Bilecik 66 Bolu 68 Çankırı 70	Niğde 08 Tokat 28 Uşak 37 Yozgat 52 Aksaray 53 Karaman 55 Kınıkkale 57 61	Artvin Giresun Kastamonu Ordu Rize Samsun Sinop Trabzon Zonguldak Bartin Karabük	EAST. 22 Adayaman 24 Ağrı 25 Bingöl 26 Diyarbakır 28 Eaziğ 24 Erzincan 25 Erzurum 29 Gümüşhane 30 Karas 44 Malatya 46 K. Maras	49 56 58 62 63 65 69 72 73 75	Mardin Muş Särt Sivas Tunceli Ş. Urfa Van Bayburt Batman Şırnak Ardahan Iğdir

CHAPTER 1

INTRODUCTION

Sunday Üner and Banu Akadlı Ergöçmen

1.1 Geography

Turkey occupies a surface area of 774,815 square kilometres. About three percent of the total area lies in Southeastern Europe (Thrace) and the remainder in Southwestern Asia (Anatolia or Asia Minor). Turkey has borders with Greece, Bulgaria, Syria, Iraq, Iran, Georgia, Armenia, and Nahcivan (Azerbaijan). The shape of the country resembles a rectangle, stretching in the east-west direction for approximately 1,565 kilometres and in the north-south direction for 650 kilometres. The three sides of Turkey are surrounded by seas: in the north, the Black Sea; in the northwest, the Sea of Marmara; in the west, the Aegean Sea; and in the south, the Mediterranean Sea. The total coastline of Turkey is approximately 8,333 kilometres.

Anatolia lies on a semi-arid central plateau that is surrounded by mountains. It is for the most part an elevated steppe-like plateau enclosed by mountains on all sides but the west. The Taurus Mountains in the south and the Northern Anatolia Mountains in the north stretch parallel to the coastline, these two mountains meet in the eastern part of the country. The average altitude of the country is approximately 1,130 metres above sea level. However, there are vast differences among regions, ranging from an average of 500 metres in the west to 2,000 metres in the east.

The climate is characterized by variations of temperature and rainfall, depending on topography of the country. The average rainfall is 500 millimetres; however, it ranges from 2,000 millimetres in Rize, a province on the Black Sea coast, to less than 300 millimetres in parts of Central Anatolia. The typical climatic conditions of Turkey include dry, hot summers and cold, rainy winters. In summer, temperatures do not vary greatly across the country, whereas in winter, the temperature ranges from an average of -10°C in the east to +10°C in the south.

1.2 History

Before becoming the core of the Ottoman Empire, Anatolia was dominated by the Seljuqs for almost two centuries (1055-1243) and later became the core of the Ottoman Empire. The Ottoman Empire was one of the most powerful forces in the Middle East and Europe for nearly 600 years. Following the War of Independence led by Mustafa Kemal Atatürk, the Republic of Turkey was founded in 1923. Subsequently, the country's borders were shaped by a number of agreements, with its present borders finally established following the annexing in 1939 of Hatay, a province on the southern border.

The founding of the Republic not only marked the end of the Ottoman era and the establishment of the present borders of modern Turkey, but also signified a revolutionary change in the social and economic structure of the country. A modern constitution was introduced, the Sultanate and Caliphate were abolished, as were the veil and the traditional headgear. The Latin alphabet was adopted instead of Arabic script. The schools were taken out of the hands of the religious authorities, and a program of free, compulsory education was set up. Islamic Law was abandoned and replaced with modified versions of the European civil, penal and commercial codes, and religious courts were closed. In short, the direction of change, led by Atatürk, was one from a religious, oriental Empire to a modern, westernised secular Republic.

From the foundation of the Turkish Republic to 1950, the country was governed by one party. This changed in 1950 as a result of the wind of democracy that caught up the country after the Second World War. In the first multiparty election held in 1950, the Democrat Party won, putting the Republican People's Party into the opposition. With the introduction of multi-party period, Turkey achieved a more liberal and democratic environment. Although Turkish political history included three military interventions (1960, 1971, and 1980), Turkey has succeeded in preserving a parliamentary, multi-party system until today.

With the foundation of the republic, Turkey turned her face to the 'Western world', establishing close relations with European countries and especially with the United States of America. Turkey is a member of the United Nations, the Council of Europe and the North Atlantic Treaty Organization (NATO) and an associate member of the European Community. Turkey also maintains close relations with the countries of the Middle East, stemming from deep-rooted cultural and historical links.

1.3 Administrative Divisions and Political Organisation

Since the founding of the Republic, three Constitutions (1924, 1961, and 1982) have shaped the Turkish administrative structure. These three constitutions proclaimed Turkey to be a Republic with a parliamentary system and specified that the will of the people is vested in the Turkish Grand National Assembly (TGNA). All three constitutions adopted basic individual, social and political rights, and accepted the principle of separation of powers.

The legislative body of the Republic is the TGNA. The TGNA is composed of 550 deputies, who are elected for five-year terms. The President of the Republic is elected by the TGNA for a seven-year term. The Prime Minister and other Cabinet Ministers compose the Council of Ministers, the executive branch of the Republic. The judiciary consists of the Court of Appeals, the Court of Jurisdictional Disputes, the Military Court of Appeals, the Constitutional Court, and the civil and military Courts.

Turkey is administratively divided into 80 provinces. These are further subdivided into districts (ilce), subdivisions (bucak), and villages. The head of the province is the governor, who is appointed by and responsible to the central government. The governor, as the chief administrative officer in the province, carries out the policies of the central government, supervises the overall administration of the province, coordinates the work of the various ministry representatives appointed by the central authority in the capital Ankara, and maintains law and order within his/her jurisdiction.

A mayor and a municipal council administer local government at the municipality level. The municipal electoral body elects them for a term of four years. Every locality with a population of more than 2,000 is entitled to form a municipal administration. Municipalities are expected to provide basic services such as electricity, water, gas, the building and maintenance of roads, and sewage and garbage disposal facilities. Educational and health services are mainly provided by the central government, but municipalities also provide some health services.

1.4 Social and Cultural Features

Turkey has a highly heterogeneous social and cultural structure. There are sharp contrasts between population groups. The "modern" and "traditional" exist simultaneously within the society. Attitudes to life are reminiscent of those in the Western world, especially for the inhabitants of metropolitan areas. On the other hand, people living in rural areas are more conservative and religious. Family ties are strong and influence the formation of values, attitudes, aspirations, and goals. Although laws are considered to be quite liberal on gender equality, patriarchial ideology still may characterize the social life.

Citizens of Turkey are predominantly Muslim. About 98 percent of the population belong to the Sunni and Alawi sects of the Muslim religion, with the Sunnis forming the overwhelming majority. Turks predominate ethnically. Kurdish, Arabic, Greek, Circassian, Georgian, Armenian, and Jewish communities of varying sizes complete the ethnic mosaic of the rich and complex culture of the Turkish society.

One of the most striking achievements since the founding of the Republic has been the increase in both literacy and education. In 1935, only 10 percent of females and 29 percent of males were literate in Turkey. According to the 1990 census figures, the femal and male literacy rates for the population age 6 and over were 72 and 89 percent, respectively. Educational attainment has also increased dramatically. The rate for primary school attendance today is around 90 percent. Moderate advances have also been made in increasing the proportions of males and females with higher than primary-level education. In 1998, an eight-year education became compulsory in Turkey, with primary school encompassing the first 5 years and junior high school, 3 years. Despite these achievements, considerable regional and urban-rural differences in literacy and educational attainment continue to exist in the country in addition to the gender differences.

1.5 Economy

The Turkish Republic inherited from the Ottoman Empire not only a bankrupt country, but also centuries-old traditions of instability and insolvency. After the foundation of the Turkish Republic, various economic development strategies were tried. In the early years of the Republic, the Turkish economy was very weak. The economy was almost exclusively based on the agriculture, and it was totally undeveloped and poor. The creation and development of industry was clearly the first step that had to be taken to achieve a healthy and balanced economy. Throughout the 1920s, the government promoted the development of industry through private enterprise, encouraged and assisted by favourable legislation and the introduction of credit facilities. These liberal policies continued until 1929, and moderate improvements were realised in the mechanisation of agriculture. In the following decade, the state, under the so-called étatiste system, assumed the role of entrepreneur, owning and developing large sectors of agriculture, industry, mining, commerce and public works. The origins of modern industrialisation in Turkey can be traced to the era of the 1930s. Although the beginnings of the industrialisation drive were evident in the immediate aftermath of the formation of the republic in 1923, the real breakthrough occurred in the context of the 1930s.

Although Turkey did not actually participate in the Second World War (Turkey initially remained neutral during the Second World War but eventually sided with Allies), the country was faced with heavy restraints on the economy, which slowed down the industrialization process. A "mixed economy" regime followed the war, with the transition to democracy in 1950 signifying a shift towards a more liberal economic order; private enterprise gained recognition side by side with the state economic enterprises. Also, more emphasis was placed on trade liberalization, agricultural and infastructural development, and the encouragement of foreign capital.

A series of Five-Year Development Plans were prepared after the military intervention in 1960. The first of these plans became operative in 1963. Imports were limited, and protectionism was established as the dominant economic strategy during the 1960s and the 1970s. A basic objective was to replace the era of unplanned and uncontrolled expansion during the 1950s.

In the 1980s, governments followed a strategy of renewing economic growth based on an export-oriented strategy. Following the stagnation of the late 1970s, growth recovered in response to a combination of an increased flow of exports and inputs of foreign capital. The liberal economic strategy followed in the 1980s was not unique to that period. The differences between the liberal and étatiste phases are not only the nature of the trade regime and the attitude toward foreign direct investment (FDI),

but also the mode of state intervention in the economy. Respectable rates of economic growth were achieved during the 1980s; however, in recent years, macro instability has manifested itself once again.

Industrialization during the 1990s has been shaped by three dynamics. First, the state's direct influence on the distribution of the resources was lessened. Second, competition gained importance, with increased emphasis on industrial performance and reconstruction of the industry. Third, general globalisation and integration into the European Union gained speed. During the 1990s, privatisation also gained importance as a solution to economic problems. A committee was founded in order to regulate privatisation. Some of the state enterprises were privatised during this program.

Turkey is a self-sufficient country in terms of its agricultural production. Wheat, barley, sugar beets, potatoes, and rice are grown in the interior, and cotton, tobacco and citrus are grown for export around the coastal areas. Turkey is not rich in mineral resources. One of the country's main problems is the inadequacy of primary energy resources. Copper, chromium, borax, coal, and bauxite are among the mineral resources in the country. The main industries are steel, cement, textiles, and fertilizers. Machinery, chemicals and metals are imported mainly from the OECD countries. In recent years, there has been a significant increase in the amount of industrial goods exported to Europe and Arab countries.

Turkey can be classified as a middle-income country in the late 1990s. The rate of economic growth has been comparatively high in recent years, and the economy has undergone a radical transformation, from an agricultural base to an industrial one, particularly within the last 20 years.

1.6 Regional Breakdown

The diverse geographical, climatic, cultural, social, and economic characteristics of different parts of the country is the basis for the conventional regional breakdown within Turkey. Five regions (West, South, Central, North, and East) are distinguished, reflecting, to some extent, differences in socioeconomic development levels and demographic conditions among sections of the country. This regional breakdown is frequently used for sampling and analysis purposes in social surveys.

The West region is the most densely settled, the most industrialized, and the most socioeconomically advanced region of the country. The region includes both Istanbul, (previously the capital of the Ottoman Empire), which is Turkey's largest city, and the country's manufacturing and commercial centre, and Izmir, the country's third largest city. Coastal provinces form a relatively urbanized, fast-growing area. The Aegean coast is also a major agricultural area, where cotton is grown in the river valleys, and fruit is cultivated on the hillsides. With dry summers and mild, rainy winters, agricultural yields from the fertile soils are good. Most of the industrial establishments are situated in the West. The region contributes most of the gross domestic product of the country.

The South includes highly fertile plains and some rapidly growing industrial centres. Adana, one of the new metropolises of Turkey, is located in this region. Steep mountains cut off the semitropical coastal plains from the Anatolian highlands to the north. Hot, dry summers and mild, wet winters describe the climatic conditions of the region. Cultivation of cotton and citrus provide high incomes and export earnings; recent decades have witnessed an industrial boom and an inflow of migrants, especially from the East region.

The Central region is an arid grazing area and includes Ankara, the capital and second largest city. Industrial production in the region is low, except for some minor industries located around Ankara. The region specializes in the production of cereals. Given the dry, temperate climate, fruit tree cultivation and sheep and cattle raising are also common.

The North region has a fertile coastal strip, but in most places it is only a few kilometres wide; the region is relatively isolated from the rest of the country by mountainous terrain. The region specialises

in small-scale, labour-intensive crops like hazelnuts and tea. The region receives large quantities of rainfall. Zonguldak, a western province, has extensive coal reserves and is a centre for mining and the steel industry.

The East region is considered as the least developed part of the country. Rugged mountainous terrain, short summers, and the severe climate are suited to animal husbandry rather than settled farming. However, with the "Southeast Anatolia Project", the economy in the East has improved in the recent years. Huge irrigation channels were constructed and water was provided to arid and semi-arid lands, leading to agricultural development in the Southeast Anatolia. In addition to economic benefits, the project is also expected to reverse the migration flow from the region to the rest of the country. Although the capacity of agriculture has increased, the region is still poor in terms of industrial production.

1.7 Population

In 1927, Turkey's population was 13.6 million according to the census, which was conducted four years after the establishment of the Republic. Beginning with the 1935 census, subsequent population censuses were undertaken at 5-year intervals, with the last complete census occurring in 1990. In order to be able to prepare the electoral rolls, a General Population Register was carried out in 1997; the results of the Register put the population of Turkey at 62.8 million. Turkey is among the 20 most populous countries of the world and is the most populous country of the Middle East (State Institute of Statistics, 1999; Population Reference Bureau, 1999).

Intercensal estimates of population growth have been around 20-25 per thousand since the 1970s. The latest estimate of the population growth rate was 15.1 per thousand for the 1990-1997 period. According to the projections, the population of Turkey is expected to reach 76 million in the year 2010 and 88 million in 2025 (Population Reference Bureau, 1999).

Turkey has a young population structure as a result of the high fertility and growth rates of the recent past. Recent decades have witnessed dramatic declines especially in fertility rates. In the early 1970s, the total fertility rate was around 5 children per woman, whereas the estimates in the early 1990s put the total fertility rate at less than 3 children. The crude birth rate is estimated at 22 per thousand for the mid-1990s (Population Reference Bureau, 1999).

There is a shortage of information on mortality in Turkey, particularly adult mortality. However, due to the estimation of the indicator through fertility surveys, infant mortality rates can be traced back for a relatively long period of time. The infant mortality rate in the late 1950s was around 200 per thousand. It declined to about 130 per thousand during the mid-1970s and to an estimated 53 per thousand during the early 1990s. Crude death rates have also declined from around 30 per thousand in the 1940s to 7 per thousand in the mid-1990s. The latest estimates put life expectancy in Turkey at 66 years for males and 71 for females (Population Reference Bureau, 1999).

Marriage, predominantly civil, is widely practised in Turkey. Religious marriages also account for a significant proportion of the marriages; however, the main custom is to undergo a civil as well as a religious ceremony. The universality of marriage in Turkey is observed in the proportions never married. According to the 1990 Population Census, in the age group 45-49 which marks the end of the reproductive ages, only two percent of females had never married, whereas the corresponding figure for males in the same age group was three percent. Marriages in Turkey are also known to be very stable; divorce rates are very low (Hanctoğlu and Akadlı Ergöçmen, 1992).

The population of Turkey has undergone an intensive process of urbanization, especially from the 1950s onwards. According to the 1997 Population Count, 65 percent of the population in Turkey are living in urban settlements (province and district centers). The rate of urbanisation has been approximately 50 per thousand during the 1970-1990 period. The process of urbanisation has inevitably

caused problems in the provision of services and the emergence of large areas of squatter housing in unplanned cities.

Since the early 1960s, Turkey has had a long history of external migration to Western European countries, principally Germany. Migration to Western Europe continued throughout the 1960s and 1970s; at that point, migration increasingly was directed towards oil-producing countries of the Middle East. During the past two decades, however, the political turmoil in region and changes in policies and practices governing the labour force in the European Union have led to a reversal in migration trends. There has been an increase in the number of expatriate workers returning from Europe, either because of loss of opportunity or as a result of having achieved their savings targets. Meanwhile, political conditions in neighbouring countries have led to waves of immigration into Turkey, as well (UNFPA, 1995).

1.8 Population and Family Planning Policies and Programs

Policies related to population have been formulated since the establishment of the Turkish Republic in 1923. The government of the Turkish Republic implemented a somewhat pronatalist population policy aimed at increasing the population size, until the mid-1960s, after which an antinatalist policy was adopted. The shift in policy is manifested in the Population Planning Law of 1965.

During the early years of the Republic there was an apparent need to increase fertility, since the country was suffering from the heavy human losses during the First World War and the War of Independence. The defence needs of the country and the shortage of manpower, as well as high infant and child mortality rates, led Turkey to follow a pronatalist population policy until the late 1950s. A number of laws having direct or indirect implications for encouraging population growth were passed. These laws included monetary awards to women with more than 5 children, prohibitions on the import and sale of contraceptives, and prohibitions on abortions on social grounds.

The high population growth rates prevailing in the 1950s produced medical problems, particularly the high maternal mortality caused by illegal abortions, which brought the population debate into the political agenda. High urban population growth and employment problems were also factors contributing to the new antinatalist environment in government circles. The State Planning Organisation and the Ministry of Health pioneered the policy change, allowing limited importation of contraceptives. As mentioned earlier, the Population Planning Law was enacted in 1965. The law mandated the Ministry of Health with the responsibility for implementing the new family planning policy. In addition, the State Planning Organisation incorporated the notion of population planning in the First Five-Year Development Plan.

In 1983, the Population Planning Law was revised and a more liberal and comprehensive law was passed. The new law legalized abortions (up to the tenth week of pregnancy) and voluntary surgical contraception. It also permitted the training of auxiliary health personnel in inserting IUDs and included other measures to improve family planning services and mother and child health.

1.9 Health Priorities and Programs

Mother and child health and family planning services have been given a priority status in the policies of the government in recent decades. These services gained importance due to the large proportion of women of reproductive ages and children in the Turkish population, the high infant, child and maternal mortality rates, the high demand for family planning services, and the limited prenatal and postnatal care. A number of programs to improve services are being implemented, with special emphasis on provinces which have been designated as priority development areas as well as on squatter housing districts in metropolitan cities, rural areas, and special risk groups. The initiatives include programs in immunisation, childhood diarrhoeal diseases, acute respiratory infections, promotion of breastfeeding and

growth monitoring, nutrition, reproductive health, and antenatal and delivery care, safe motherhood. Information, Education, and Communication programs to promote the mother and child health and family planning activities also are being widely implemented.

1.10 Health Care System in Turkey

The Ministry of Health is officially responsible for designing and implementing nationwide health policies and delivering health-care services. Besides the Ministry of Health, other public sector institutions and non-governmental organisations contribute to providing health services.

At the central level, the Ministry of Health is responsible for the implementation of curative and preventive health-care services throughout the country, within the principles of primary health care. The responsibility for delivering the services and implementing specific Primary Health Care programs is shared by various General Directorates (Primary Health Care, Mother and Child Health and Family Planning, Health Training) and by various Departments (Departments of Tuberculosis Control, Malaria Control, Cancer Control).

At the provincial level, the health care system is the responsibility of Health Directorates, under the supervision of the Governor. The provincial Health Director is responsible for delivering all primary health-care services as well as curative services. The present network of Health Centres and Health Houses was formed on the basis of "Legislation for the Socialization of Health Services" so that services and facilities are extended down to the village level. A substantial proportion of villages has health centres or health houses. These are located so as to provide easy access to other villages.

The most basic element of the health service is the Health House, which serves a population of 2500-3000 and is staffed by a midwife. The Health Centre serves a population of 5,000-10,000 and is staffed by a team consisting of a physician, a nurse, a health officer, midwives, an environmental health technician, and a driver. Health Centres mainly offer integrated, polyvalent primary health-care services. Mother and Child Health and Family Planning Centres and Tuberculosis Dispensaries also offer preventive health services.

This network of health facilities are responsible for delivering primary health services, maternal and child health, family planning, and public education services. These health facilities are also the main sources of the health information system.

1.11 Objectives and Organisation of the Survey

Objectives

The 1998 Turkish Demographic and Health Survey (TDHS-98) is the latest in a series of national-level population and health surveys that have been conducted during the last thirty years in Turkey. The primary objective of the TDHS-98 is to provide data on fertility and mortality, family planning, maternal and child health, and reproductive health. The survey obtained detailed information on these issues from a sample of women in the reproductive ages (15-49) and from the husbands of currently married eligible women.

More specifically, the objectives of the TDHS were to:

Collect data at the national level that allow the calculation of demographic rates, particularly fertility and childhood mortality rates;

- Obtain information on direct and indirect factors that determine levels and trends in fertility and childhood mortality;
- Measure the level of contraceptive knowledge and practice by method, region, and urbanrural residence;
- Collect data on mother and child health, including immunisations, prevalence and treatment of diarrhoea among children under five, antenatal care, assistance at delivery, and breastfeeding;
- Measure the nutritional status of children under five and of their mothers using anthropometric measurements.

The TDHS-98 information is intended to contribute data to assist policy makers and administrators to evaluate existing programs and to design new strategies for improving demographic, social and health policies in Turkey.

Organisation

The TDHS-98 was implemented by the Institute of Population studies, Hacettepe University, in collaboration with the General Directorate of Mother and Child Health/ Family Planning, Ministry of Health. Technical and financial support for the survey were provided both by United Nations Population Fund (UNFPA) and Macro International Inc. Macro's assistance was provided through the MEASURE/DHS+ project, a project sponsored by the United States Agency for International Development (USAID) to carry out population and health surveys in developing countries.

A steering committee consisting representatives of the Institute of Population Studies, Hacettepe University, the General Directorate of Mother and Child Health/Family Planning, Ministry of Health, the State Planning Organization, the State Institute of Statistics, the United Nations Population Fund (UNFPA) and Macro International Inc. participated in all phases of the project.

Questionnaires

Four main types of questionnaires were used in the TDHS-98: the Household Questionnaire and three Individual Questionnaires, one for ever-married women of reproductive ages, one for never-married women, and one for husbands. The contents of the questionnaires were based on the DHS Model 'A' Questionnaire, which was designed for the DHS program for use in countries with high contraceptive prevalence Additions, deletions and modifications were made to the model questionnaire in order to collect information particularly relevant to Turkey. In developing the questionnaire, close attention was paid to obtaining the data needed for program planning in Turkey as specified during consultations with population and health agencies. Ensuring the comparability of the TDHS-98 findings with previous demographic surveys carried out by the Hacettepe Institute of Population Studies also was a goal during questionnaire development. The questionnaires were developed in English and translated into Turkish.

The Household Questionnaire was used to enumerate all usual members of and visitors to the selected households and to collect information relating to the socioeconomic situation of the households. In the first part of the household questionnaire, basic information was collected on the age, sex, educational attainment, marital status and relationship to the head of household of each person listed as a household member or visitor. The objective of the first part of the Household Questionnaire was to obtain the information needed to identify women and husbands who were eligible for the individual interview as well as to provide basic demographic data for Turkish households. The second part of the Household Questionnaire included questions on the welfare of the aged people. In the third part of the Household

Questionnaire, questions were included on the dwelling unit, such as the number of rooms, the flooring material, the source of water, and the type of toilet facilities, and on the household's ownership of a variety of consumer goods.

The Individual Questionnaire for women covered the following major topics:

- Background characteristics
- Reproduction
- Marriage
- Knowledge and use of family planning
- Maternal care and breastfeeding
- Other issues relating to contraception
- Immunisation and health
- Fertility preferences
- Husband's background
- Women's work and status
- Sexually transmitted diseases and AIDS
- Maternal and child anthropometry.

The ever-married women's questionnaire included a monthly calendar, which was used to record fertility, contraception, marriage and migration histories for an approximate period of six years, beginning in January 1993 through the month of interview. The monthly calendar in the never-married women's questionnaire included only the migration history. In addition, the fieldwork teams measured the heights and weights of children under age five and of all women ages 15-49.

The Individual Questionnaire for husbands covered the following major topics:

- Background characteristics
- Reproduction
- Knowledge and use of family planning
- Marriage
- Fertility preferences
- Sexually transmitted diseases and AIDS
- Attitudes

Sample

The sample for the TDHS-98 was designed to provide estimates of population and health indicators including fertility and mortality rates for the nation as a whole, for urban and rural areas, and for the five major regions of the country (West, South, Central, North and East). A weighted, multi-stage, stratified cluster sampling approach was used in the selection of the TDHS-98 sample.

The optimal distribution with a target sample size of 10,000 selected households was based on the provisional results of the 1997 General Population Count. Selection of the TDHS-98 sample was undertaken in three stages. The sampling units at the first stage were the settlements stratified by population size. The frame for the selection of the primary sampling units (PSU) was prepared using the provisional results of the 1997 Population Count. The frame was divided into two groups, one including those settlements with populations of more than 10,000 and the other including settlements with populations less than 10,000. The selection of the settlement in each group was carried out with probability proportional to size (1997 population).

¹ For the never-married women some of the topics were not covered in the questionnaire.

The second stage of selection required the selection of the assigned number of clusters in each selected settlement. For the majority of the settlements (340 clusters), the selection of clusters was based on the household lists that were available from the 1995 Structure Schedules. The State Institute of Statistics (SIS) selected the clusters and provided to Hacettepe Institute of Population Studies a description of each selected cluster. Each cluster included approximately 100 households. For those settlements where SIS was not able to provide information (140 clusters), the lists of households were prepared in the field.

Following the selection of the secondary sampling units (SSUs), a household listing was prepared or updated for each SSU by the TDHS-98 listing teams. Using the household lists, a systematic random sample of fixed number of households (25 in clusters located in settlements over 10,000 and 15 in those less than 10,000) was chosen within each cluster for the TDHS-98. All women at ages 15-49 who were present in the household on the night before the interview were eligible for the survey. In half of the selected households for women interview, husbands of currently married eligible women, who were present in the household on the night before the interview or who usually lived in the household were eligible for the husband survey.

A more technical and detailed description of the TDHS sample design, selection and implementation is presented in Appendix B.

Fieldwork and Data Processing

The TDHS-98 data collection was carried out by 16 teams²; each team consisted of four to five female interviewers, one male interviewer, a field editor, and a team supervisor. The male interviewer and the field editor worked as measurers as well. There were four regional coordinators who visited the teams on a continuous basis. The field staff was trained during a three-week period in July 1998. The main fieldwork for the TDHS-98, including initial interviews, call-backs and reinterviews, began in the first week of August 1998 and was completed in mid-November.

Questionnaires were returned to the Institute of Population Studies in Ankara for data processing. The office editing staff checked the questionnaires returned from the field. Those questions which had not been pre-coded (e.g., occupation) were coded by the office team. The data were then entered and edited using microcomputers and the ISSA (Integrated System for Survey Analysis) package. The office editing and data processing activities were started in the third week of August, two weeks after the beginning of fieldwork, and were completed by the end of November 1998. During the data entry process, almost hundred percent verification was done by double entry. The relatively few questionnaires that were not verified largely consisted of call-back questionnaires.

The results of the household and individual questionnaires are summarized in Table 1.1. Information is provided on the overall coverage of the sample, including household and individual response rates. In all, 9,970 households were selected for the TDHS-98. At the time of the survey, 8,596 households were considered occupied and, thus, available for interview. The main reasons the field teams were unable to interview some households was because some dwelling units that had been listed were

² Fieldwork for the TDHS-98 began in August with 12 teams. In October, four new teams were formed to complete the fieldwork in the remaining provinces. The teams were composed of staff from the original teams who had completed their assignments.

		and respons	se rates.
	Resid		
Result	Urban	Rural	Total
Wo	MEN	***	
Household interviews		<u> </u>	
Dwellings sampled	6,989	2.981	9,970
Households found	5,938	2,658	8,596
Households interviewed	5,480	2,579	8.059
Household response rate	92.3	97.0	93.8
Individual interviews: women			
Eligible women	6,322	3,146	9,468
Eligible women interviewed	5,702	2,874	8,576
Eligible woman response rate	90.2	91.4	90.6
HUSE	BANDS		-1. ·F
Household interviews			
Dwellings sampled	3,496	1,487	4.983
Households found	2,988	1,333	4.321
Households interviewed	2,765	1,298	4,063
	-,-		·
Household response rate	92.5	97.4	94.0
Individual interviews: husbands	,		
Eligible husbands	2,087	956	3.043
Eligible husbands interviewed	1,312	659	1.971
Eligible husband response rate	62.9	8.9	64.8

found to be vacant at the time of the interview or the household was away for the extended period. Of the 8,596 occupied households 94 percent (8,059 households) were successfully interviewed.

In the interviewed households, 9,468 women were identified as eligible for the individual interview, i.e. they were women at reproductive ages (15-49) who were present in the household on the night before the interview. Interviews were successfully completed with 8,576 of these women (91 percent). Among the eligible women not interviewed in the survey, the principal reason for non-response was the failure to find the women at home after repeated visits to the household.

In half of the selected households, husbands of currently married eligible women who were present in the household on the night before the interview or who usually lived in that particular household were eligible for the husband survey. A total of 4,983 households were selected for the husband interview. In the households interviewed (4,321 households), 3,043 husbands were identified as eligible for the individual interview. These husbands were present in the household on the night before the interview and they were currently married to women at reproductive ages. Of the 3,043 husbands designated as eligible for individual interview, 65 percent (1,971) were successfully interviewed.

A more complete description of the fieldwork, coverage of the sample, and data processing is presented in Appendix B.

•		
P		

CHAPTER 2

CHARACTERISTICS OF HOUSEHOLDS AND SURVEY RESPONDENTS

İsmet Koç and Attila Hancıoğlu

The main objective of this chapter is to describe the general characteristics of the sample population, including age, sex, household composition, and education. This information is not only useful in itself but it can also be used to evaluate the quality of the TDHS-98 data and to investigate changes in social and economic conditions over time. The other objective of this chapter is to describe the environment in which respondents and their children live. Household-level indicators relating to housing facilities and the ownership of durable goods are presented. These data are useful in assessing the household's living standard, which is an important influence on nuptiality, fertility and contraceptive behaviour, as well as maternal care and child mortality.

The TDHS household questionnaire included two questions distinguishing between the de jure population (persons who are usual residents in the selected households) and the de facto population (persons who spent the night before the interview in the selected households). The differences between these two populations are small and since past surveys and censuses were based on de facto populations, all tabulations in this report are based on the de facto population in the selected households, unless otherwise stated. A household was defined as a person or a group of persons living together and sharing a common source of food.

2.1 Population by Age and Sex

Table 2.1 and Figure 2.1 present the age distribution of the de facto population by five-year age groups according to urban-rural residence and sex. In addition to providing a background against which various demographic processes are occurring, the age structure of the population incorporates the past history of the population. As was observed in the 1993 Turkish Demographic and Health Survey (TDHS-93), the age distribution conforms to the pattern typical of countries that experienced relatively high fertility in the recent past. Evidence of recent declines in fertility is reflected in the fact that there is a smaller proportion of children under age 5 than age 5 to 9.

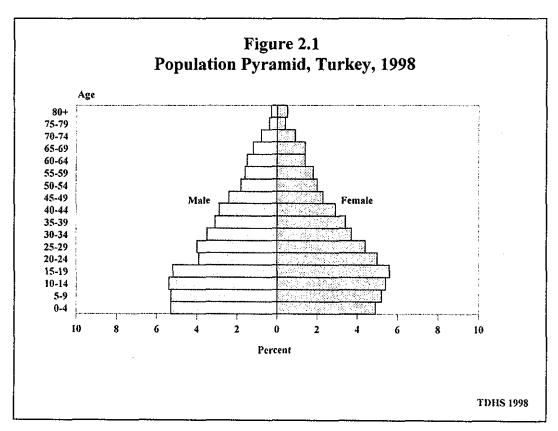
As Table 2.1 shows, the proportion under 15 is greater in the rural population than the urban population. The differences in the age distributions are evidence of lower recent fertility in urban areas compared with rural areas. Overall, the number of women significantly exceeds the number of men. This pattern is especially pronounced at ages 15-29, which may partly be explained by migration of young men for work and for military service.

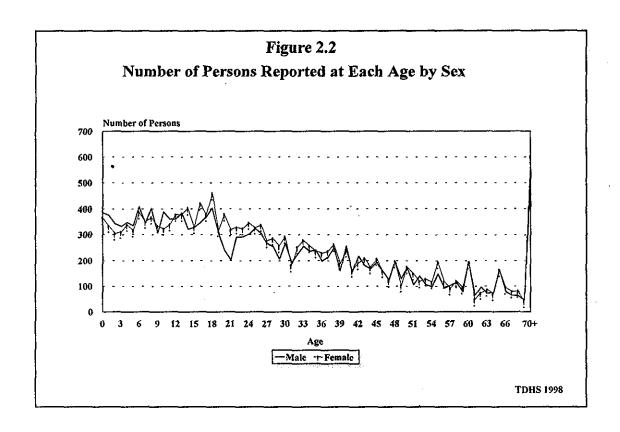
Figure 2.2 presents the distribution of the male and female household population by single year of age. The data shows the evidence of a preference for reporting ages that end in zero or five that is common in countries where ages are not well known. Digit preference is considerably more pronounced for men than for women. This is probably due to the fact that many of the household interviews were completed with women who were able to provide more accurate information on their own ages than on men's ages.

Table 2.1 Household population by age, residence and sex

Percent distribution of the de facto household population by five-year age groups, according to urban-rural residence and sex, Turkey 1998

	Urban		Rural			Total			
Age group	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	10.6	9.6	10.1	11.4	9.5	10.4	10.9	9.5	10.2
5-9	10.5	10.1	10.3	11.7	10.2	10.9	10.9	10.1	10.5
10-14	10.4	9.7	10.0	12.1	12.0	12.0	11.1	10.5	10.8
15-19	11.0	10.6	10.8	10.2	11.6	10.9	10.7	11.0	10.8
20-24	8.4	10.6	9.5	7.5	8.5	8.0	8.1	9.8	9.0
25-29	9.0	9.5	9.3	6.9	6.9	6.9	8.2	8.6	8.4
30-34	7.9	8.0	8.0	5.8	5.9	5.9	7.1	7.2	7.2
35-39	7.2	7.1	7.2	5.1	5.9	5.5	6.5	6.7	6.6
40-44	6.4	6.0	6.2	5.1	5.0	5.1	5.9	5.6	5.8
45-49	5.2	4.7	4.9	4.3	4.2	4.3	4.9	4.5	4.7
50-54	3.7	3.6	3.6	4.0	4.6	4.3	3.8	3.9	3.9
55-59	2.8	3.2	3.0	4.1	4.3	4.2	3.3	3.6	3.4
60-64	2.5	2.3	2.4	4.0	3.5	3.7	3.1	2.7	2.9
65-69	2.0	2.2	2.1	3.6	3.4	3.5	2.5	2.6	2.6
70-74	1.3	1.4	1.3	2.3	2.3	2.3	1.7	1.7	1.7
75-79	0.7	0.7	0.7	1.2	1.0	1.1	0.9	0.8	0.8
80+	0.4	0.8	0.6	0.7	1.2	1.0	0.5	1.0	0.8
Don't know/Missing	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	10,533	10,897	21,430	5,930	6,443	12,374	16,464	17,340	33,804





The distribution of the TDHS-93 sample population by broad age groups is presented in Table 2.2, along with comparable data from 1990 Census and TDHS-93. There has been a decline in the proportion of population less than 15 years of age and an increase in the proportion of ages 15-64 and 65 and over. Again this pattern is typical of populations that are experiencing a fertility decline.

sources, Turkey 1990-199	98		
Age group	CP 1990	TDHS 1993	TDHS 1998
Less than 15	35.0	33.0	31.5
15-64	60.7	61.4	62.6
65+	4.3	5.5	5.9
Total	100.0	100.0	100.0
Median age	22.2	23.1	24.3
Dependency ratio	64.7	62.7	59.7

The dependency ratio, defined as the ratio of the non-reproductive population (persons under age 15 and age 65 and over) to reproductive population (persons age 15-64), is calculated based on broad age distribution of the survey population. The dependency ratio decreased from 65 in 1990 to 60 in 1998, indicating a gradual lessening in the burden placed on persons in the productive ages to support older and younger household members. Table 2.2 also indicates that the median age of household population is 24.3

years, two years higher than the median age in 1990. Both changes in dependency ratio and in the median age of population are consistent with the gradual aging of the population that occurs as fertility declines.

2.2 Household Composition

Table 2.3 presents the distribution of households by the sex of the head of the household, size of the household and presence of foster children. The size and composition of the household may affect the allocation of financial resources among household members, which in turn influences the overall well being of the members. Household size may be associated with crowding in the dwelling, which can lead to unfavourable health conditions. In cases where women are heads of household, financial resources are often limited.

The TDHS-98 shows that 10 percent of households are headed by women. The proportion is slightly higher in urban areas than in rural areas (11 percent and 9 percent, respectively). Seven in ten households have between two and five members. The average household size is 4.3 persons, 4.0 persons in urban areas, and 4.9 persons in rural areas. Only one percent of households include one or more children under age 15 who are living with neither their natural father nor their natural mother.

	Resi		
Characteristic	Urban	Rural	Total
Household headship			
Male	88.9	90.9	89.6
Female	11.1	9.1	10.4
Number of usual members			
0 .	1.1	2.1	1.4
1'	5.3	5.0	5.2
1 2 3 4 5 6 7 8 9+	16.1	16.1	16.1
3	19.3	12.7	17.2
4	25.2	14.7	21.9
5	15.0	14.4	14.8
6	8.4	11.6	9.4
7	4.0	7.3	5.1
8	2.1	5.3	3.1
9+	3.6	8.01	5.9
Total	100.0	100.0	100.0
Mean size	4.0	4.9	4.3
Percent with foster children	1.2	1.6	1.3
Number of households	5,497	2,562	8,059

2.3 Fosterhood and Orphanhood

Information on the proportion of households including fostered or orphaned children was presented in Table 2.3. Table 2.4 considers information regarding fosterhood and orphanhood for the population of children under 15 years of age. Ninety-four percent of children under 15 years of age are living with both parents, four percent are living with their mothers (but not with their fathers), one percent are living with their fathers (but not with their mothers), and one percent are living with neither their

Table 2.4 Fosterhood and orphanhood

Percent distribution of de jure children under age 15 by survival of parents and child's living arrangements, according to child's age, sex, residence, and region, Turkey 1998

Liv	Living	moth	g with er but ather	fath	g with er but nother	Not 1	living with	h either pa	rent	Missing infor-			
Background characteristic	with both parents	Father alive	Father dead	Mother alive	Mother dead	Both alive	Father only alive	Mother only alive	Both dead	mation on father/ mother	Total	Number of children	
Age 0-2 3-5 6-9 10-14	97.0 96.1 94.0 90.0	2.0 1.8 2.0 2.2	0.3 0.8 2.0 3.7	0.1 0.3 0.6 0.7	0.1 0.3 0.5 1.5	0.4 0.5 0.6 1.2	0.0 0.0 0.3 0.2	0.0 0.1 0.1 0.4	0.0 0.0 0.0 0.1	0.1 0.1 0.0 0.0	100.0 100.0 100.0 100.0	2,045 1,976 2,871 3,693	
Sex Male Female	93.7 93.4	2.1 1.9	1.9	0.4 0.5	0.7 0.8	0.7 0.8	0.1 0.2	0.2 0.2	0.0	0.0 0.0	100.0 100.0	5,386 5,198	
Residence Urban Rural	94.1 92.7	2.1 1.9	1.6 2.8	0.5 0.5	0.7 0.8	0.7 0.8	0.1 0.2	0.1 0.3	0.1 0.0	0.1 0.0	100.0 100.0	6,608 3,977	
Region West South Central North East	94.5 93.1 93.0 93.2 93.2	2.1 1.8 3.0 2.4 1.1	0.7 2.5 1.6 2.5 3.5	0.7 0.5 0.6 0.1 0.2	1.0 0.4 0.3 0.3 1.1	0.6 1.4 0.8 1.2 0.4	0.1 0.1 0.3 0.0 0.2	0.2 0.2 0.2 0.2 0.2 0.1	0.1 0.1 0.1 0.0 0.0	0.1 0.0 0.1 0.0 0.1	100.0 100.0 100.0 100.0 100.0	3,202 1,574 2,228 825 2,756	
Total	93.6	2.0	2.0	0.5	0.7	0.8	0.2	0.2	0.1	0.0	100.0	10,585	

Note: By convention, foster children are those who are not living with either biological parent. This includes orphans, i.e., children with both parents dead.

natural father nor natural mother. Of children under 15 years of age, two percent have lost their fathers and one percent have lost their mothers. Less than one percent of children have lost both their natural parents.

2.4 Educational Level of the Household Population

The education level of household members is perhaps their most important characteristic. Many phenomena, such as reproductive behaviour, use of contraception, health of children, and proper hygienic habits, are affected by the education of household members. In the TDHS-98, information on educational attainment was collected for every member of the household. Table 2.5 shows the distribution of the de facto female and male household populations age six and over by the highest level of education attended and the median number of years of schooling completed, according to selected background characteristics.

Primary education is compulsory in Turkey; it starts at age 6 or 7 and in accordance with the recent curriculum reform lasts eight years. Seventy-five percent of men and 60 percent of women have completed at least primary school, and 19 percent of men and 12 percent of women have completed secondary school or higher. Table 2.5 also shows the median number of years of schooling attained by males and females. Overall, males have a median duration of schooling of 4.7 years, 0.4 years longer than females. The gap in the median number of years of schooling between males and females is more than 1 year for the population above age 15, but is negligible among those age 10-14 years.

Table 2.5 also presents the educational level of household members by urban-rural residence and region. The proportion of persons with no education is much higher in rural areas than in urban areas, and this difference is observed for both males and females. More than three-fourths of males and nearly two-

Table 2.5 Educational level of the household population

Percent distribution of the de facto household population age six and over by highest level of education attended, according to selected background characteristics, Turkey 1998

			Level of	education					
Background characteristic	No education	Primary incomplete	Primary complete	Secondary incomplete	Secondary complete+	Don't know/ Missing	Total	Number	Median number of years
			MA	LE POPUL	ATION				
Age									
6-9 10-14	27.1 3.0	70.5 30.1	0.7 25.1	0.2 41.3	0.0	1.5 0.2	100.0	1,466 1,820	0.6
15-19	1,2	2.8	26.0	45.5	0.4 24.3	0.1	100.0 100.0	1,757	4.6 7.8
20-24	1.5	1.2	32.9	21.8	42.4	0.1	100.0	1,327	7.7
25-29	2.1	1.4	41.6	22.4	32.5	0.1	100.0	1,355	5.8
30-34	3.5	1.8	44,7	21.2	28.6	0.3	0.00	1,175	5.0
35-39	3.9	2.0	48.9	16.3	28.8	0.2	100.0	1,064	4.9
40 9OM44	4.8	2.0	48.8	17.3	27.0	0.0	100.0	978	4.9
45-49	9.4	4.0	50.2	13.8	22.6	0.0	100.0	801	4.7
50-54	20.3	7.0	42.8	14.0	15.1	0.7	100.0	620	4.5
55-59	26.3	8.9	45.5	6.0	12.0	1.4	100.0	536	4.3
60-64	30.7	10.2	45.8	5.9	5.9	1.5	100.0	504	4.2
65+	41.9	10.3	33.1	6.0	6.8	1.9	100.0	920	2.4
Residence									
Urban	7.5	13.1	30.1	23.8	24.9	0.5	100.0	9,214	4.9
Rural	16.4	15.3	41.5	16.8	9.3	0.6	100.0	5,124	4.4
Region									
West	6.7	11.2	35.2	23.9	22.4	0.5	100.0	5,337	4.9
South	9.1	15.4	39.1	20.2	15.7	0.5	100.0	2,103	4.6
Central	8.0	13.3	34.2	22.2	21.7	0.6	100.0	3,250	4.8
North	12.1	15.0	33.6	21.5	17.2	0.5	100.0	1,130	4.6
East	23.4	18.8	28.1	15.4	13.9	0.4	100.0	2,517	4.3
Total	10.7	13.9	34.2	21.3	19.4	0.5	100.0	14,338	4.7
			FEM	ALE POPUI	ATION				
Age									
6-9	29.8	67.9	1.1	0.1	0.0	1.0	100.0	1,441	0.6
10-14	7.3	24.4	36.1	31.7	0.3	0.2	100.0	1,823	4.5
15-19	6.3	4.3	43.4	27.7	18.2	0.1	100.0	1,907	4.9
20-24 25-29	10.2 13.6	2.6 2.7	50.1 51.3	9.2 10.7	27.7 21.6	0.2 0.1	100.0 100.0	1,701 1,483	4.7 4.7
30-34	15.9	3.6	54.2	8.3	17.9	0.0	100.0	1,465	4.7
35-39	22.1	6.3	49.5	6.3	15.6	0.2	0.001	1,154	4.4
40-44	30.3	9.4	39.8	7.1	13.4	0.0	100.0	975	4.3
45-49	39.5	8.6	36.5	5.4	9.6	0.5	100.0	787	4.0
50-54	50.0	10.0	31.5	2.6	4.5	1.4	100.0	684	0.0
55-59	56.6	12.1	25.8	1.7	3.7	0.0	100.0	619	0.0
60-64	61.3	12.4	20.1	2,1	3.7	0.4	100.0	471	0.0
65+ Don't know/Missing	75.0 100.0	8.3 0.0	11.6 0.0	2.7	1.5 0.0	0.9 0.0	100.0 100.0	1,061	0.0 0.0
DOLL KILOWINISSIIIR	100.0	U.U	U.U	0.0	U,U	U.U	100.0	٥	0.0
Residence	20.0	10.5	24.5		15.0	A 4	100.0	0.44	
Urban	20.9	13.2	34.2	14,4	17.0	0.4	100.0	9,662	4.4
Rural	33.1	15.4	40.8	6.8	3.5	0.3	100.0	5,707	4.0
Region									
West	17.0	13.1	39.8	13.7	16.2	0.4	100.0	5,548	4.5
South	25.2	15.3	38.1	11.4	9.8	0.2	100.0	2,186	4.2
Central	20.8	13.5	39.8	12.3	13.3	0.4	100.0	3,524	4.4
North East	28.0	13.7	36.7	11.4	9.8	0.5	100.0	1,241	4.2
East	46.4	15.8	25.7	6.8	4.9	0.3	100.0	2,870	0.6
Total	25.4	14.0	36.7	11.6	12.0	0.3	100.0	15,369	4.3

thirds of females in the urban areas are graduates of at least primary school. In rural areas, the proportions completing at least the primary level are lower for both males (68 percent) and females (51 percent). The proportion of secondary school graduates also differs between urban and rural areas for males and, in an even more pronounced way, for females. The proportion of secondary school graduates is around five times higher for females in urban areas than in rural areas.

Regional differences in education are considerable. The highest proportions of women (46 percent) and men (23 percent) with no education are found in the East region. The West region has the lowest proportions of male and female respondents with no education (7 and 17 percent, respectively).

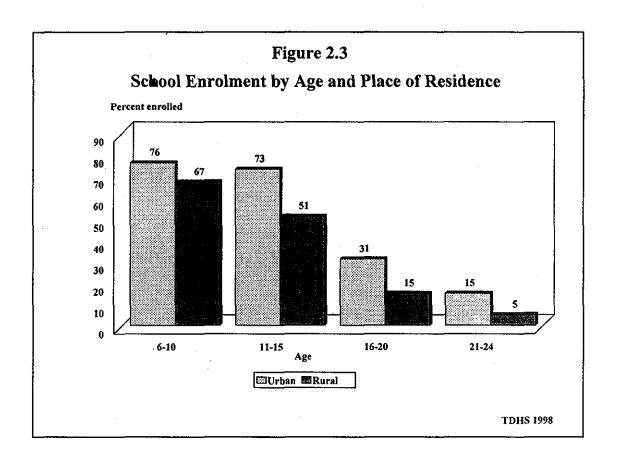
2.5 School Enrolment

Table 2.6 presents information on school enrollment by age, sex, and residence. These rates are simple ratios of the number of enrolled persons in a specific age group to the total number in that age group. According to the TDHS, 72 percent of children age 6-10 were enrolled in school at the survey date. The proportion enrolled drops to 64 percent in the age group 11-15 years. Enrolment after age 15 drops significantly; whereas two in three children age 6-15 are in school, among the population age 16-20, the ratio drops to only one in four, and by age 21-24, only around one in ten are attending school. At all ages, the rural and/or female population has consistently lower school enrolment than the urban and/or male population (Figure 2.3). Moreover, as age increases, the gap between males and females widens. These results show that both gender and residential differences persist in the proportion of the population currently attending school in Turkey.

		Male		Female			Total		
Age group	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
6-10 11-15	78.2 79.4	68.3 64.5	74.4 73.6	73.7 67.1	65.0 38.3	70.4 55.1	76.0 73.3	66.7 50.6	72.4 64.2
6-15	* 78.8	66.5	74.0	70.4	50.8	62.6	74.7	58.5	68.3
16-20 21-24	36.7 18.1	22.1 7.5	31.6 14.7	25.5 11.5	10.3 3.0	19.6 8.9	30.9 14.5	15.4 5.1	25.1 11.5

2.6 Housing Characteristics

To assess the economic and environmental conditions in which household members live, the household questionnaire included questions about sources of drinking water, time to the water source, sanitation facilities, flooring material, and the number of rooms used for sleeping. Information on these characteristics is useful from a public health point of view, as well as indirectly reflecting the household socioeconomic status.



This information on household characteristics is given in Table 2.7. Overall, more than 5 in 10 households get their drinking water from pipes, mainly within their dwelling. The source for drinking water differs considerably by area of residence. Among urban households, 67 percent get drinking water from pipes in their residence, and only one percent obtains water from a public tap. The second most common source of drinking water in urban areas is bottled water (15 percent), and nine percent get drinking water from a water station (commercial outlets selling spring water). Around two-thirds of rural households report having piped water; however, for nearly half of these households, the source for the piped water is a river, stream or other surface water. Nearly one-fifth of rural households obtain water from a spring. Households in rural Turkey are somewhat more likely to be relying on well water than households in urban Turkey (9 percent and 2 percent respectively).

For most households, the source for drinking water is within their dwelling or not far from the residence. Overall, 91 percent of households obtain drinking water in their dwelling or from within 15 minutes of the residence. Urban households tend to be somewhat closer to the source of water than rural areas; 93 percent of households in urban areas report that the source for drinking water is in the house or within 15 minutes of dwelling compared with 88 percent of rural households.

Two-thirds of households have modern sanitation facilities in Turkey. Another 29 percent use an open pit or latrine, and only two percent report having no toilet facilities. There are substantial differences in the type of toilet facilities available to households by urban-rural residence. Households in urban areas are much more likely to have modern sanitation facilities than households in rural areas (89 percent and 25 percent, respectively). Only ten percent of urban households use pit toilets or report that they have no toilet facilities. In comparison, 70 percent of rural households use a pit or latrine, and five percent report that they have no toilet facilities.

Table 2.7 Housing characteristics

Percent distribution of households by housing characteristics, according to urban-rural residence, Turkey 1998

TT*	Resi	dence			
Housing characteristic	Urban	Rural	Total		
Source of drinking water	65.0	20.5	65.2		
Piped into residence/garden	65.9	32.7 1.3 5.6	55.3		
Public tap	0.8	1.3	1.0		
Well in residence/garden	1.6	2.6	2.8 1.2		
Public well	0.3	3.0	1.2		
Piped surface water	1.4	34.7	12.0		
in house/garden	1.4 4.7	19.0			
Spring/public fountain River/stream	4.7	19.0	9.2 0.5		
River/siream Rainwater	0.2 0.0	0.1	0.0		
Tanker truck	0.6	0.1	0.7		
Bottled water/Demi John	14.9	1.0	10.4		
Water station	9.1	0.2	10.5 6.3		
Other	0.4	0.5	0.5		
Total	100.0	100.0	•		
1000	100.0	100.0	100.0		
Time to water source					
Water within 15 min./	00.7	00.0	01.0		
on premises	92.6	87.6	91.0		
Type of toilet facility					
Own flush toilet	87.6	24.0	67.4		
Shared flush toilet	1.6	0.7	1.3		
Open pit toilet	24	25.9	9.9		
Closed pit latrine	7.5	43.6	19.0		
No facility/bush	0.3	5.0	1.8		
Other	0.3 0.3	0.7	0.5 0.2		
Missing	0.3	0.1	0.2		
Total	100.0	100.0	100.0		
Main floor material					
Earth	2.4	16.7	6.9		
Wood planks	2.4 12.9	24.4	16.5		
Parquet/polished wood	14.5	2.0	10.5		
Karo	116	2.0 3.7 41.8	9.1		
Cement	23.3	41.8	29.2		
Carpet	10.1	6.3	8.9		
Marley	19.3	3.5	14.2		
Mosaic	4.9	1.0	3.7		
Other	0.8	0.6	0.7		
Missing	0.3	0.2	0.3		
Total	100.0	100.0	100.0		
Persons per sleeping room					
1-2	78.6	64.9	74.3		
3-4	18.2	27.4	21.1		
5-6	2.4	5.1	3.3		
5-6 7+	0.7	5.1 2.4	3.3 1.3		
Don't know/Missing	0.1	0.1	0.1		
Total	100.0	100.0	100.0		
Mean persons per room	100.0 2.2	2.6	2.3		
			0.050		
Number of households	5,497	2,562	8,059		

With regard to flooring, 29 percent of the households live in dwellings with cement floors, an additional 27 percent have a wooden floor, and 14 percent have marley floors. There are significant differences in the flooring materials in urban and rural dwellings. Cement is the most common flooring material in both rural areas (42 percent) and urban areas (23 percent). Wood is also a common flooring material; about one-fourth of urban and rural households live in dwellings with wood floors. Seventeen percent of households in rural areas have earth floors, compared to only two percent of households in urban areas.

Information on the number of rooms that a household uses for sleeping was collected to determine the extent of crowding. Table 2.7 shows that 74 percent of households have one or two persons per sleeping room, and 21 percent have three to four persons per sleeping room. The overall mean is 2.3 persons per sleeping room. Rural households are more crowded than urban households. The mean number of persons per sleeping room is 2.2 persons in urban areas compared with 2.6 persons in rural areas.

2.7 Household Durable Goods

The availability of durable consumer goods is a good indicator of household socioeconomic level. Moreover, particular goods have specific benefits. For example, having access to a television exposes household members to innovative ideas, and a refrigerator prolongs the wholesomeness of foods. Table 2.8 presents the availability of selected consumer goods by residence. Most of the population in Turkey enjoys the convenience of electrical appliances. More than nine in ten households own a television set or a refrigerator, while almost eight in ten households have a telephone, and more than six in ten households own an oven, a vacuum cleaner or a washing machine. Ownership of various durable goods varies by place of residence, with higher proportions of ownership for all items reported among households in urban areas than in rural areas.

•	ence, Turkey I	998	consume
	Resi	dence	
Durable		<u></u>	
goods	Urban	Rural	Totai
Refrigerator	96.2	86.7	93.2
Gas or electric oven	7 7.0	47.5	67.6
Dishwasher	22.4	3.3	16.4
Washing machine	76.1	36.9	63.6
Vacuum cleaner	77. 7	38.0	65.1
Television	94.8	84.1	91.4
Video recorder	14.3	3.7	10.9
Camera	40.7	18.9	33.8
CD player	19.8	5.0	15.1
Telephone	80.4	69.7	77.0
Mobile telephone	17.9	3.5	13.3
Computer	6.0	0.4	4.2
None of the above	1.5	4.4	2.4
Number of households	5,497	2,562	8,059

2.8 Background Characteristics

A description of the basic characteristics of the women and husbands interviewed in the TDHS is essential as background for interpreting findings presented later in the report. Table 2.9 provides the percent distribution of women and husbands by age, marital status, level of education, urban-rural residence, and region.

		Number o	of women		Number o	f husbands
Background characteristic	Weighted percent	Weighted	Un- weighted	Weighted percent	Weighted	Un- weighted
Age			-			
15-19	20.1	1,720	1,763	*	*	3
20-24	18.2	1,558	1,539	5.5	109	105
25-29	16.3	1,397	1,373	17.4	342	314
30-34	14.0	1,202	1,195	18.5	364	362
35-39	12.6	1,081	1,104	17.9	352	366
40-44	10.3	885	890	17.0	335	344
45-49	8.5	733	712	12.2	240	245
50+	NA	NA.	NA	11.4	226	232
Current marital status						
Never married	27.7	2,380	2,424	NA	NA	NA
Married	69.0	5,921	5,893	100.0	1,971	1,971
Widowed	1.7	147	153	NA	NA	NA
Divorced	1.1	96	77	NA	NA	NA
Separated	0.4	34	29	NA	NA	NA
Residence						
Urban	66.5	5,704	5,702	68.3	1,347	1,312
Rural	33.5	2,872	2,874	31.7	624	659
Region						
West	37.4	3,204	2,170	38.9	767	546
South	14.7	1,258	1,678	14.4	285	400
Central	23.1	1,985	1,706	24.4	481	413
North	8.1	692	1,258	7.6	150	299
East	16.8	1,437	1,764	14.6	287	313
Education						
No education	16.7	1,435	1,590	6.6	131	135
Primary incomplete	5.0	426	442	3.7	73	76
Primary complete	48.0	4,117	4,013	42.8	844	849
Secondary incomplete	12.1	1,041	1,029	20.8	409	401
Secondary complete+	18.1	1,556	1,502	26.0	513	510
Total	100.0	8,576	8,576	100.0	1,971	1,971

Women and husbands were asked two questions in the individual interview to assess their age: "In what month and year were you born?" and "How old are you?" Interviewers were trained to probe in situations in which respondents knew neither their age nor date of birth; as a last resort, interviewers were instructed to record their best estimate of the respondent's age. The age data indicate that 38 percent of women and six percent of husbands are under age 25, 30 percent of women and 36 percent of husbands

are in the age group 25-34 and slightly more than 30 percent of women and 47 percent of husbands are in the age group 35-49. Around 10 percent of husbands are age 50 or older.

Data on the women's marital status at the time of survey indicate that 69 percent were currently married, while 28 percent had never married, and the rest were widowed, divorced, or separated. The latter proportion indicates the rarity of marital dissolution in Turkey. As described earlier, the men's sample included husbands of eligible currently married women living in a subsample of the households covered in the TDHS. Thus, the men's sample does not include never-married men or men who were widowed, divorced or separated.

About two-thirds of women and men live in urban areas, and the rest live in rural areas. According to the data, more than one-third of the respondents live in the West region, one-fourth live in the Central region, around one-sixth live in the East and in the South, and less than 10 percent live in the North region.

The proportion of women who have never attended school is more than twice that of husbands (17 percent and 7 percent, respectively). About 48 percent of women and 43 percent of husbands have a primary education only, while 30 percent of women and 47 percent of husbands have gone beyond primary school education. Fewer than one in five women have completed secondary school or higher.

2.9 Respondents' Level of Education by Background Characteristics

Table 2.10 shows the distributions of women and husbands by the highest level of education attended, according to selected characteristics, The table is shown as a first effort to clarify the relationship between education and other explanatory or background variables used in later tabulations. Differences in the educational composition of respondents from different age groups, regions, and urban-rural backgrounds are highlighted.

As mentioned before, men are generally better educated than women. For both groups, education is inversely related to age; older women and men are generally less educated than younger women and men. The percentage of women with no education rises rapidly with age, from six percent in the 15-19 age group to 40 percent in the age group 45-49. This suggests that younger women have had better educational opportunities than older women. This is also reflected in the higher percentage of women in the age group 20-24 who completed secondary education (27 percent), compared to women age 45-49 (9 percent).

Urban women and men in Turkey are much more likely to have higher education than their rural counterparts. Twenty-two percent of rural women have no education, compared to only 14 percent of urban women. Conversely, while 39 percent of urban women have gone to school beyond the primary level, while only 14 percent of rural women have been educated beyond primary school. Similar urban rural differentials in education are observed for husbands. A comparison of the results for regions shows that East region has the highest proportions of women and husbands with no education (40 percent and 21 percent respectively), while the West region has the lowest proportion of women and husbands with no education (10 percent and 4 percent, respectively). The highest proportions of women and husbands with secondary or more education is also observed in the West region.

Percent distribution of women and husbands by the highest level of education attended, according to selected background characteristics, Turkey 1998 Number Level of education of Primary Primary Secondary Secondary women/ No Background incomplete complete+ Total husbands incomplete complete characteristic education WOMEN Age 44.4 27.7 17.3 100.0 1,720 15-19 5.8 4.8 1,558 20-24 25-29 26.9 100.0 9.4 2.4 51.3 9.9 2.5 54.1 19.7 100.0 1,397 10.4 13.3 1,202 30-34 15.5 3.8 54.1 8.2 18.4 100.0 22.9 6.6 49.2 6.5 14.9 100.0 1,081 35-39 12.9 39.7 100.0 885 40-44 31.6 9.4 6.4 39.5 9.5 36.2 5.6 9.3 100.0 733 45-49 Residence 3.9 24.2 100.0 5.704 43.3 14.5 14.1 Urban 100.0 2,872 7.1 7.5 6.2 Rural 21.9 57.3 Region 22.8 100.0 West 9.9 3.2 49.8 14.3 3,204 5.9 49.8 14.6 100.0 1,258 18.2 11.4 South

100.0

100.0

100.0

100.0

20.3

16.2

8.8

26.0

1,985

1,437

692

1,971

Total	16.7	5.0	48.0	12.1	18.1	100.0	8,576
			HUSBAN	IDS			
Age							
15-24	0.0	3.0	42.9	27.7	26.4	100.0	113
25-29	1.8	2.8	38.3	25.3	31.8	100.0	342
30-34	3.9	3.4	38.8	24.2	29.8	100.0	364
35-39	3.9	2.7	45.9	17.9	29.5	100.0	352
40-44	5.9	2.2	47.9	17.7	26.2	100.0	335
45-49	8.5	4.0	47.7	19.3	20.5	100.0	240
50+	25.1	9.6	38.4	15.4	11.5	100.0	226
Residence							
Urban	4.7	2,6	36.4	22.5	33.7	100.0	1,347
Rural	10.8	6,2	56.6	17.0	9.5	100.0	624
Region	•						/
West	3.6	3.2	41.0	22.0	30.3	100.0	767
South	6.4	6,1	49.1	20.7	17.7	100.0	285
Central	4.0	2.2	42.6	23.7	27.5	100.0	481
North	5.1	3,5	50.6	16.0	24.7	100.0	150
East	20.5	5.3	37.8	15.2	21.2	100.0	287

52.4

49.1

35.9

12.1

11.6

8.2

20.8

2.10 Reasons for Leaving School

Table 2.10 Level of education

9.8

18.3

39.5

6.6

Central

North

East

Total

5.4

4.8

7.6

3.7

Information about the reasons that lead women to drop out of school can provide guidance to programs seeking to improve educational opportunities for women. To obtain some insight into this issue, women under age 25 years who were not currently attending school were asked during the TDHS interview about the main reason for leaving school. Table 2.11 shows the distribution of women 15-24 years according to whether they are currently attending school and, if not, their reasons for leaving school, according to the highest level of education attended.

42.8

Table 2.11 Reasons for leaving school

Percent distribution of women age 15-24 who had ever attended school but were not currently attending by reason for leaving school, according to highest level of education attended, Turkey 1998

		Highe	st level of ed	ucation		
Reason stopped attending school	Primary incomplete	Primary complete	Secondary incomplete	Secondary complete	Higher	Total
		URBA	1			
Currently attending	3.6	0.6	52.2	16.6	67.5	23.7
Got pregnant Got married	0.0 0.0	0.0 2.3	0.0 4.1	0.1 9.8	0.0 3.9	0.0 4.3
Take care of children	0.0	0.1	0.9	0.0	0.0	0.3
Family needed help	3.2	1.2	0.6	0.3	0.0	0.8
Could not pay school fees	4.3	7.4	1.4	1.8	0.0	3.9
Needed to earn money Graduated/had enough school	1.9 0.0	2.1 0.6	0.4 0.1	2.4 6.5	1.0 21.3	1.6 3.9
Did not pass exams	2.4	0.0	0.3	35.8	0.0	7.2
Did not like school	16.3	23.9	17.6	5.4	0.3	16.0
School not accessible	1.3	3.7	0.4	0.2	0.0	1.7
Parents did not send to school	30.5 36.5	36.2 19.1	9.1	4.9 15.4	1.4 3.7	19.5 15.4
Other Don't know/Missing	0.0	2.8	11.8 1.0	0.7	1.0	1.7
Total Number	100.0 55	100.0 829	100.0 482	100.0 386	100.0 210	100.0 1,963
		RURAI				
Currently attending	1.7	0.5	45.6	16.7	(57.1)	9.7
Got pregnant	0.0	0.0	0.0	0.0	0.0	0.0
Got married	1.6	2.0	4.7	11.7	(3.0)	3.2
Take care of children	1.5 7.3	0.1 2.0	0.0 0.0	0.0 1.5	0.0 0.0	0.2 2.0
Family needed help Could not pay school fees	1.5	3.6	1.6	0.0	0.0	2.8
Needed to earn money	1.0	0.6	0.4	2.7	0.0	0.8
Graduated/had enough school	0.0	0.7	0.0	3.3	(31.0)	1.6
Did not pass exams Did not like school	0.0 6.2	0.2 14.4	0.0 13.4	36.1 7.3	$0.0 \\ 0.0$	3.2 12.8
School not accessible	4.3	7.5	6.4	0.0	0.0	6.3
Parents did not send to school	40.4	44.6	16.5	3.5	0.0	35.8
Other	31.1	22.0	8.8	17.1	(8.9)	19.9
Don't know/Missing	3.4	1.7	2.6	0.0	0.0	1.7
Total Number	100.0 66	100.0 734	100.0 148	100.0 91	100.0 29	100.0 1,068
		TOTAL				
Currently attending	2.6	0.6	50.6	16.7	66.2	18.8
Got pregnant	0.0	0.0	0.0	0.1	0.0	0.0
Got married Fake care of children	0.9 0.8	2.1 0.1	4.3 0.7	10.1 0.0	3.8 0.0	3.9 0.2
Family needed help	5.4	1.6	0.5	0.6	0.0	1.2
Could not pay school fees	2.7	5.6	1.4	1.4	0.0	3.5
Needed to earn money	1.4	1.4	0.4	2.4	0.9	1.3
Graduated/had enough school Did not pass exams	0.0 1.1	0.7 0.1	0.1 0.2	5.9 35.9	22.5 0.0	3.1 5.8
Did not like school	10.8	19.4	16.6	5.8	0.3	14.8
School not accessible	3.0	5.5	1.8	0.1	0.0	3.4
Parents did not send to school	35.9	40.1	10.8	4.7	1.2	25.2
Other Don't know/Missing	33.5 1.9	20.4 2.3	11.1 1.4	15.7 0.6	4.3 0.9	17.0 1.7
Total Number	100.0 121	100.0 1,563	100.0 630	100.0 478	100.0 239	100.0 3,031
Note: Parentheses indicate that	at a figure is				·	

Only 19 percent of TDHS respondents 15-24 were attending school at the time of interview. The reasons for leaving school vary with the level of school women had attained at the time they left school. Women who had not completed primary school are most likely to say that they had left because parents did not send them (36 percent) or because they had not liked school (11 percent). Failure to pass examinations (36 percent) is the principal reason for dropping out of school among women who left after completing the secondary level, while eight percent report that they stopped going to school because they married.

2.11 Differentials in Characteristics of Couples

Because the married men interviewed in TDHS were selected from a subgroup of households it is possible to match male respondents with their wives to obtain a couple dataset. Table 2.12 shows husband-wife differentials in age and education for the 1,896 couples interviewed in the TDHS. For most of the couples, the husband is older than the wife; in the case of the majority of couples, the age difference is between 0 and 9 years. Among 10 percent of couples, the wife is older than her husband. On average, men are five years older than their wives.

Regarding educational differences, in about five percent of couples, neither the husband nor the wife has been to school, while among eight in ten couples, both the husband and wife are educated. For the remaining couples, the proportion in which the husband has some education and the wife has none is much higher than that of the wife is educated and the husband is not (14 percent and 2 percent, respectively).

Table 2.12 Differential characterist spouses	ics between
Percent distribution of couples by d in age and level of education betwe husband and wife, Turkey 1998	ifferences en the
	Percent/
Characteristic	years
Age difference	
Husband younger than wife	9.8
Husband older by:	
0-4 years	44.7
5-9 years	32.9
10-14 years	9.6
15 years+	2.9
Mean age difference	5.0
Education	
Both husband and wife	
not educated	4.9
Wife educated, husband not	1.7
Husband educated, wife not	13.8
Both husband and wife educated	79.6
Total	100.0
Number of couples	1,896

2.12 Exposure to Print Media

Women and husbands were asked how often they read newspapers or magazines. This information is important to program planners seeking to reach people with family planning and health messages through the media. Table 2.13 presents the percentage of women and husbands exposed to printed media by age, residence, region and level of education. Results show that 32 percent of women and 61 percent of husbands read newspapers or magazines weekly. Access to media is somewhat higher among younger respondents and among those living in urban as opposed to rural areas. Print media access is more widespread among women and husbands living in the West compared with among those living in the other regions. As expected, educated persons are more likely to read newspaper or magazines than less educated persons.

Table 2	113	Exposure	to	print	media

Percentage of women/husbands who usually read a newspaper at least once a week, by selected background characteristics, Turkey 1998

	Won	nen	Husb	ands
Background characteristic	Read newspaper weekly	Number of women	Read newspaper weekly	Number of husbands
Age	266			
15-19	36.6	1,720	* * * * * * * * * * * * * * * * * * *	4
20-24	39.1	1,558	56.1	109
25-29	33.1	1,397	66.7	342
30-34	29.8	1,202	66.8	364
35-39	27.8	1,081	64.5	352
40-44	26.2	885	59.5	335
45-49 50-54	25.4	733	56.9	240
50-54	NA	NA	43.6	226
Residence				
Urban	40.9	5,704	68.2	1,347
Rural	15.4	2,872	44.1	624
Region				
West	45.1	3,204	74.3	767
South	23.9	1,258	48.0	285
Central	30.3	1,985	57.7	481
North	28.5	692	64.5	150
East	16.3	1,437	39.2	287
Education				
No education	1.9	1,435	12.7	131
Primary incomplete	9.2	426	33.2	73
Primary complete	24.2	4,117	52.2	844
Secondary incomplete	53.2	1.041	67.4	409
Secondary complete+	74.6	1,556	85.1	513
Total	32.4	8,576	60.6	1,971

NA = Not applicable

Note: An asterisk indicates that an item is based on fewer than 25 persons and has been suppressed.

2.13 Employment and Occupation

In the TDHS-98, information was collected about current employment. Although data were collected from both women and husbands, the analysis in this section concentrates on women. Table 2.14 indicates that 39 percent of women report being employed during the 12-month period before the TDHS interview with the majority (35 percent) working at the time of the survey. Nearly half of the women who were currently employed at the time of the survey worked all year, 43 percent worked in seasonal jobs, and only 11 percent worked occasionally. The proportion not currently employed is higher among older women, rural women, and women with no education than other women. Women in the West and Central regions are more likely to be employed than women in other regions. The North region has the highest proportion of women reporting seasonal employment. Rural women are much more likely to be employed seasonally than urban women, presumably as agricultural laborers.

		ot employed	<u>-</u>	Curr	ently emp	loyed			
•	Did not work in	Worked in	n						Number of women
Background characteristic	last 12 months	last 12 months	5+ days per week	<5 days per week	Season- ally	Occasion- ally	Missing	Total	
Age									
15-19	60.3	6.1	12.2	1.0	17.5	2.5	0.4	100.0	1,720
20-24	59.4	5.4	17.4	0.6	13.1	3.8	0.3	100.0	1,558
25-29	62.5	4.0	16.5	0.9	11.8	4.0	0.3	100.0	1,397
30-34	60.1	3.4	15.1	1.4	14.9	5.1	0.0	100.0	1,202
35-39	57.2	2.3	18.5	2.1	15.0	4.9	0.0	100.0	1,081
40-44 45-49	60.6	2.2	14.5	2.0	16.5	3.9	0.2	100.0	885
45-49	66.1	2.0	9.6	0.9	17.6	3.7	0.0	100.0	733
Residence									
Urban	68.3	4.4	17.7	1.2	4.8	3.3	0.3	100.0	5,704
Rural	45.4	3.2	9.8	1.2	35.2	5.1	0.0	100.0	2,872
Region									
West	57.7	5.5	22.6	1.4	8.7	3.5	0.4	100.0	3,204
South	65.1	3.2	10.7	1.2	16.2	3.6	0.4	100.0	1,258
Central	57.5	3.5	12.1	1.2	21.0	4.5	0.1	100.0	1,985
North	44.1	3.6	14.6	1.8	32.0	3.9	0.1	100.0	692
East	75.4	2.2	6.3	0.6	11.5	4.0	0.0	100.0	1,437
Last		2.4	0.5	0.0	11.5	7.0	0.0	100.0	1,737
Education									
No education	68.7	1.9	6.7	0.9	18.0	3.9	0.0	100.0	1,435
Primary incomplete	63.2	1.9	11.2	1.0	19.4	3.3	0.0	100.0	426
Primary complete	59.1	3.8	11.1	1.0	19.8	4.9	0.2	100.0	4,117
Secondary incomplete	70.2	5.7	10.7	1.0	7.7	4.1	0.6	100.0	1,041
Secondary complete+	50.0	5.9	37.2	2.3	3.3	1.3	0.1	100.0	1,556
• •									•
Total	60.6	4.0	15.1	1.2	15.0	3.9	0.2	100.0	8,576

Table 2.15 presents the distribution of women who were employed at the time of the survey by occupation, according to selected background characteristics. Forty-nine percent of employed women worked in agriculture, among whom more than six in ten worked on their family land. The table also shows that women who worked outside the agricultural sector were most often employed in professional and technical occupations, followed by skilled manual labors. Most of the remaining women worked in household and domestic occupations and sales and services.

Table 2.15 Occupation

Percent distribution of currently employed women by occupation and type of agricultural land worked or type of non-agricultural employment, according to selected background characteristics, Turkey 1998

		Agri	cultural			N	onagricul	ural				
Background characteristic	Own land	Family land	Rented land	Other's land	Prof./ tech./ manag.	Sales/ services	Skilled manual	Un- skilled manual	House- hold and domestic	Missing	Total	Number of women
Age											.,	
15-19	2.2	38.2	3.8	13.7	10.7	4.5	18.9	4.5	3.1	0.5	100.0	573
20-24	1.3	28.0	3.3	8.5	25.1	6.6	23.2	1.7	2.2	0.2	100.0	545
25-29	2.2	28.4	3.4	8.0	29.1	2.7	21.1	2.3	2.3	0.5	100.0	464
30-34	3.1	31.7	0.8	11.3	23.2	4.0	19.1	1.7	4.1	0.8	100.0	439
35-39 40-44	4.9 6.2	28.5 30.0	3.0 3.1	10.7 15.6	21.5 19.5	3.0 4.5	17.5 10.7	2.0 3.1	8.7 7.0	0.3 0.2	100.0	438 327
	11.8	37.1	1.5	14.6	8.5	3.8	13.9	1.1	7.4	0.2	100.0	233
Residence												
Urban	1.3	7.2	1.1	7.4	36.2	7.4	26.6	4.2	8.2	0.6	100.0	1,544
Rurai	6.2	57.0	4.7	15.6	3.6	1.0	10.2	0.7	0.7	0.3	100.0	1,475
Region												
West	2.4	18.0	2.2	5.2	26.7	6.4	26.9	4.1	7.7	0.4	100.0	1,164
South	3.6	25.0	1.0	28.8	18.0	5.7	10.1	1.4	4.9	1.5	100.0	399
Central	3.4	40.5	3.2	11.1	19.4	2.0	16.3	2.2	1.7	0.2	100.0	773
North	6.4	62.6	1.3	4.0	9.9	2.7	8.5	1.2	3.3	0.0	100.0	362
East	6.4	31.9	8.2	21.1	13.7	2.0	16.0	0.0	0.7	0.2	100.0	322
Education												
No education	9.1	39.5	4.2	24.0	1.6	1.6	10.5	1.8	7.6	0.1	100.0	422
Primary incomplete	7.0	38.3	3.2	17.7	7. I	3.2	12.9	1.9	8.1	0.4	100.0	149
Primary complete	3.8	43.3	3.9	12.6	2.4	3.8	23.3	2.0	4.5	0.3	100.0	1,516
Secondary incomplete	1.5	21.1	1.1	6.5	23.1	5.6	34.8	2.5	2.4	1.4	100.0	246
Secondary complete+	0.2	2.9	0.1	1.3	73.2	6.5	8.5	4.0	2.7	0.5	100.0	686
Total	3.7	31.5	2.8	11.4	20.3	4.2	18.6	2.5	4,5	0.4	100.0	3,019

Women's occupations vary by age. The proportion of women who worked in agriculture is highest for those in the youngest and oldest age groups. The proportion declines from 58 percent of working women age 15-19 to 47 percent of women age 30-34, and it increases to 65 percent for women age 45-49. On the other hand, the proportion of women employed as professional and technical workers, has an opposite pattern: low at younger ages, peaking at age 25-29, and then declining for older women. Manual occupations attract younger women.

Table 2.15 also shows that women's occupations vary significantly by urban-rural residence and region. While 84 percent of working women in rural areas were engaged in agricultural sector, the corresponding proportion in urban areas was only 17 percent. In contrast, urban women were more likely to be employed in professional, technical and managerial occupations (36 percent), as skilled manual labors (27 percent), in household and domestic jobs (8 percent), or in sales and services (7 percent). An examination of regional differences shows that non-agricultrual employment is more common in the West than in other regions; 72 percent of the employed women in the West work in the non-agricultural sector, with the vast majority working in professional, technical and managerial occupations (27 percent) and unskilled manual jobs (27 percent). As expected, the majority of employed women in the other regions

work in the agricultural sector; almost six in ten women in the South and Central regions and around seven in ten women in the North and East regions are engaged in agricultural jobs.

Women's education is inversely related to their propensity to work in agriculture; employed women with no education were much more likely to have been working in agriculture than better-educated women. For example, 77 percent of working women with no education worked in the agricultural sector, compared with only five percent of women who have completed secondary school. Moreover, women who had completed the secondary level were more likely to be employed in professional and technical occupations or in skilled manual occupations.

2.14 Decision on Use of Earnings

When assessing the status of women, one valuable indicator is their independence in making decisions on the use of their earnings. Table 2.16 shows that around half (49 percent) of employed women make their own decisions about the use of their earnings, while 29 percent decide jointly with their husband, and 15 percent are not involved in making the decisions. Independent decision-making with regard to the use of earnings tend to be higher among younger women, women in urban areas and among single and formerly married women.

There also is variation across regions in the percentages of women who indicate that they alone make decisions about the money they earn. The percentage of women who make their own decisions ranges from 43 percent in the South to 51 percent in the West. The percentage of women who report making the decision together with their husbands varies from a low of 18 percent (East) to a high of 33 percent (North). Twelve percent in the East report that husbands alone decide on how to spend their earnings; in the remaining regions, the percentage citing the husband as the prime decion-maker fall below 10 percent.

2.15 Child Care While Working

The welfare of children under six years of age whose mothers are employed is the focus of Table 2.17. Overall, one in four women who worked in the 12 months prior to the survey have one or more children under age six. This proportion varies by residence, education, region, and occupation. Less educated women, women working in the agricultural sector, women working occasionally, and women living in the rural areas are more likely to have children under six. Reflecting regional fertility differentials, women living in the East are more likely to have children under age six than women living in other regions.

Among working women with children under age six, 34 percent take care of their children while they work. Relatives and older female siblings are the other most common caretakers for children of working women (36 and 11 percent, respectively). The role of female siblings in child care is significant in families where the mother has limited education, works in agriculture or as seasonal worker, lives in the East, or lives in the rural areas. Children whose mothers have attended secondary school, live in urban areas or the West region, are employed all year, or work in non-agricultural occupations are more likely to be cared for by servants or hired help. Across all sub-groups, husbands and male siblings have a very limited role in child minding while the mother is at work.

Table 2.16 Decision on use of women's earnings

Percent distribution of women receiving cash earnings by person who decides how earnings are used, according to selected background characteristics, Turkey 1998

		Person v	vho decides l	ow earnings	are used			
Background characteristic	Self only	Husband/ partner	Jointly with husband/ partner	Someone else	Jointly with someone else	Missing	Total	Number of women
Age				·····				
15-19	47.8	1.9	1.3	32.2	15.7	1.0	100.0	306
20-24	60.4	2.0	16.8	11.4	9.4	0.0	100.0	347
25-29	51.1	4.8	37.0	2.6	4.3	0.3	100.0	291
30-34	44.8	9.3	38.6	3.7	3.6	0.0	100.0	259
35-39	38.7	10.6	49.6	0.0	1.0	0.0	100.0	271
40-44	51.5	12.5	33.9	0.0	1.7	0.4	100.0	180
45-49	44.6	13.2	40.1	0.0	2.1	0.0	100.0	109
Residence								
Urban	54.5	3.4	29.1	6.4	6.3	0.2	100.0	1,316
Rural	33.3	16.1	28.2	15.8	6.1	0.4	100.0	447
Region								
West	50.8	6.0	30.9	5.4	6.7	0.2	0.001	877
South	43.3	5.6	28.8	13.4	8.5	0.3	100.0	242
Central	50.2	7.0	27.5	10.0	5.0	0.3	100.0	379
North	49.1	5.3	33.1	7.8	4.6	0.0	100.0	114
East	46.9	11.7	17.7	18.8	4.5	0.5	100.0	151
Education								
No education	41.9	18.2	25.3	11.0	3.2	0.4	100.0	185
Primary incomplete	46.3	12.4	19.6	16.7	2.1	2.9	100.0	71
Primary complete	42.4	8.7	27.9	13.5	7.3	0.1	100.0	703
Secondary incomplete	62.1	0.9	15.9	8.1	12.5	0.6	100.0	166
Secondary complete+	55.6	1.8	35.4	2.3	4.8	0.0	100.0	639
Marital status								
Not married	67.9	0.0	0.0	18.2	13.5	0.4	100.0	778
Currently married	34.3	11.9	51.7	1.4	0.5	0.1	100.0	985
Total	49.2	6.6	28.9	8.8	6.3	0.3	100.0	1,763

Table 2.17 Child care while working

Percent distribution of currently employed women by whether they have a child under six years of age at home, and the percent distribution of employed mothers who have a child under six by person who cares for child while mother is at work, according to selected background characteristics, Turkey 1998

		One or			Child's car	retaker wh	ile mother	is at work							
Background characteristic	No child under six at home	more children under six at home	Re- spond- ent	Husband/ partner	Other relative	Neigh- bor/ Friend	Hired help	Child is in school	Other female child	Other male child	Not worked since birth ¹	Other	Missing	Total	Number of employed women
Residence	·						 -							 -	
Urban	78.1	21.9	36.5	1.9	26.6	0.8	9.3	13.6	6.6	0.4	1.2	1.4	1.8	100.0	1,544
Rural	70.7	29.3	32.0	0.1	44.1	0.5	0.5	0.4	13.7	1.6	1.1	3.0	3.0	100.0	1,475
Education															
No education	72.9	27.1	36.5	1.2	19.3	0.0	0.0	0.0	28.2	1.6	1.8	7.2	4.3	100.0	422
Primary incomplete	80.0	20.0	27.7	0.0	40.5	2.2	3.5	0.0	18.1	3.3	0.0	4.7	0.0	100.0	149
Primary complete	71.9	28.1	39.3	0.7	42.9	0.5	0.5	0.3	9.0	1.1	0.7	1.9	3.1	100.0	1,516
Secondary incomplete	78.7	21.3	45.5	0.0	39.7	0.0	0.0	6.7	6.1	0.0	1.3	0.0	0,7	100.0	246
Secondary complete+	78.3	21.7	13.8	1.8	29.1	1.3	20.7	28.8	1.7	0.4	2.1	0.0	0.5	100.0	686
Region															
West	79.9	20.1	31.5	0.7	34.6	0.6	6.4	9.8	9.1	0.1	1.2	2.2	3.7	100.0	1,164
South	80.0	20.0	32.7	1.8	37.1	3.5	5.2	2.6	8.5	2.6	3.4	0.8	1,7	100.0	399
Central	70.5	29.5	38.2	1.1	37.4	0.0	2.8	7.8	7.1	0.4	1.0	2.1	2.0	100.0	773
North	67.9	32.1	27.1	0.4	44.9	0.4	2.2	1.8	13.9	3.6	0.7	1.8	3.2	100.0	362
East	64.8	35.2	38.4	0.6	28.9	0.0	5.1	2.7	18.7	0.5	0.0	4.5	0.6	100.0	322
Occupation															
Agricultural	70.3	29.7	28.6	0.2	46.1	0.6	0.2	0.0	16,1	1.7	0.4	2.4	3.6	100.0	1,494
Non-agricultural	78.6	21.4	40.9	1.8	23.1	0.6	10.2	14.8	3.2	0.2	2.1	2.2	1.0	100.0	1,513
Employment status															
All year, full week	77.8	22.2	31.1	0.8	29.4	0.7	10.4	15.3	6.1	0.2	1.1	2.2	2.9	100.0	1,292
All year, part week	82.3	17.7	31.1	5.5	28.6	0.0	9.1	21.5	4.1	0.0	0.0	0.0	0.0	100.0	105
Seasonal	72.2	27.8	27.7	0.8	47.2	0.6	0.4	0.0	15,8	2.0	0.4	2.3	2.8	100.0	1,286
Occasional	67.8	32.2	62.8	0.7	20.6	0.6	1.0	0.0	6,6	0.3	3.8	3.0	0.7	100.0	334
Total	74.5	25.5	34.0	0.9	36.4	0.6	4,4	6.2	6.01	0.1	I.I	2.3	2.5	100.0	3,019

Note: Total includes 3 women for whom information on employment status was not available and 13 women for whom information on occupation is not available.

Respondent is currently employed but has not worked since last birth.

CHAPTER 3

FERTILITY

Aykut Toros

The fertility measures presented in this chapter are based on the retrospective reproductive histories of ever-married women age 15-49 interviewed in the TDHS. Each ever-married woman was asked the number of sons and daughters living with her, the number living elsewhere, and the number who had died. She was then asked for a history of all her births, including the month and year, and the name and sex of each birth; if deceased, the age at death was also asked. If alive, the current age and whether the child was living with the mother were also asked. Based on this information, measures of completed fertility (number of children ever born) and current fertility (age-specific rates) were calculated. These measures are analyzed in connection with various background characteristics.

Cumulative fertility and children ever born are also looked at in this chapter. The tables display the data on children ever born by the woman's current age and by her age at marriage. The chapter concludes with an analysis of information on the age of the woman at the time of her first birth. The data are important because they indicate the beginning of the woman's reproductive life.

3.1 Current Fertility

The current level of fertility is the most important topic in this chapter because of its direct relevance to population policies and programs. Age-specific fertility rates (ASFR) for the three-year period before the survey are presented in Table 3.1 and Figure 3.1 for the country as a whole and for urban and rural areas. In addition, the total fertility rate (TFR) for women 15-44 years is shown in the table.

Numerators for the age-specific fertility rates in Table 3.1 are calculated by isolating live births that occurred during the three years preceding the survey (determined from the date of birth of the child), and classifying them by age of the mother (in five-year age groups) at the time of birth (determined from the date of birth of the mother). The denominators of the rates are the number of woman-years lived in each of the specified five-year age groups during the three years preceding the survey.

The crude birth rate (also shown in Table 3.1) is calculated by summing the product of the age-specific rates multiplied by the proportion of women in the specific age group out of the total *de facto* population, male and female. The general fertility rate is calculated as the number of births per thousand women in the reproductive age groups.

Age-specific fertility rates are estimated for the three years preceding the survey. As is typical, the distribution is skewed towards the younger ages. The highest fertility rate is observed for the age group 20-24. After age 24, the rates decline steadily, implying modern levels of fertility control in upper ages.

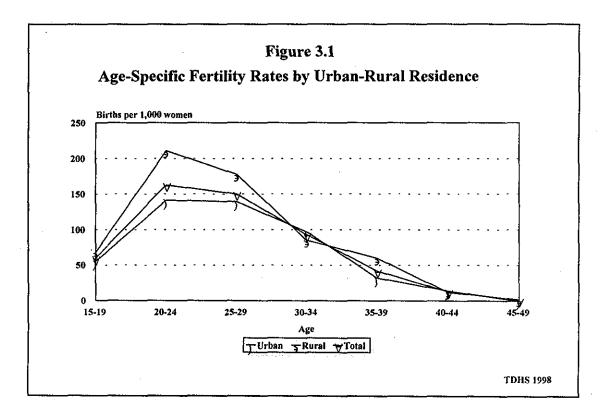
Table 3.1 Current fertility

Age-specific and cumulative fertility rates and the crude birth rate for the three years preceding the survey, by urban-rural residence, Turkey 1998

	Resid	lence	
Age group	Urban	Rural	Total
15-19	55	68	60
20-24	141	211	163
25-29	139	178	150
30-34	97	85	93
35-39	32	60	42
40-44	14	12	13
45-49	0	2	1
TFR 15-49	2.39	3.08	2.61
TFR 15-44	2.39	3.08	2.61
GFR	87	107	94
CBR	22.8	24.7	23.4

Note: Rates are for the period 1-36 months preceding the survey. Rates for age group 45-49 may be slightly biased due to truncation.

TFR: Total fertility rate expressed per woman GFR: General fertility rate (births divided by number of women 15-44), expressed per 1,000 women



The total fertility rate (number of children a woman would bear if she lived through these rates throughout her reproductive life span) is slightly over three children (3.1) for women living in rural areas, and decreases to around two children (2.4) in urban areas. The national average is 2.6 children per woman. When compared with evidence from previous surveys (see HIPS, 1980, 1987, and 1989) the urban/rural gap appears to be closing.

The crude birth rate has fallen to the lower twenties. As expected, birth rates are higher in rural areas (24.7 per thousand) than in urban areas (22.8 per thousand). The national average (23.4 per thousand) implies a rather low population growth rate even if the crude death rate is very low.

The total fertility rates for the three-year period prior to the TDHS-98 are summarized in Table 3.2 for major groups in the population. The table also provides a basis for inferring trends in fertility by comparing current synthetic measures with the average number of children ever born to women currently 40-49 years of age. Although comparison of completed fertility among women age 40 or more with the total fertility rate can provide an indication of fertility change, such an approach is vulnerable to an understatement of parity for older women. The findings on contraceptive use (Chapter 4) and nuptiality (Chapter 6) are also of crucial importance in reaching a balanced judgment about fertility trends.

Total fertility rate for the the number of children ever bor background characteristics,	n to women a	age 40-49, by se	ected
Background characteristic	Total fertility rate	Percentage currently pregnant	Mean number of children ever born to women age 40-49
Residence		· · · · · · · · · · · · · · · · · · ·	
Urban	2.39	4.8	3.82
Rural	3.08	5.4	5.02
Region			
West	2.03	3.5	3.43
South	2.55	5.3	4.46
Central	2.56	5.5	3.84
North	2.68	4.4	4.36
East	4.19	8.0	7.00
Education			
No educ./Pri. incomp.	3.89	6.0	5.63
Pri. comp./Sec. incomp.	2.55	5.4	3.40
Sec. comp./+	1.61	2.6	1.84
Total	2.61	5.0	4.22

There are clear variations in fertility levels by region and education. These variations are evident for past fertility experience (mean number of children for women age 40-49) as well as current fertility levels (total fertility rates). Regional variations of fertility involve three regional groupings. The Eastern region is notable as a high fertility region, with a total fertility rate exceeding four children (4.2). The North, Central and South regions constitute another group, with rates well under three children (2.7, 2.6, and 2.6, respectively). The lowest rate (2.0) is found in the West region and is comparable to that of many Western European countries.

The regional groupings based on current levels of fertility are also cogent for examining differences in the past fertility experience. Although the mean number of children born to women age 40-49 is much higher (between 50 to 75 percent) than the corresponding TFRs in each of the regions, notable variations are observed as with current fertility. The table suggests an overall decline in fertility, keeping regional differences almost the same, during the last three decades.

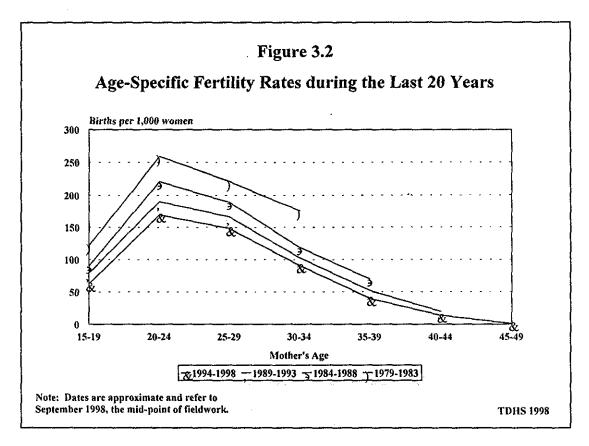
Past experience as well as current levels of fertility show strong variations by levels of education. Both the total fertility rate and the number of children ever born are more than fifty percent lower among women with at least a secondary level of education compared to women with no education.

Fertility trends can be analyzed in two ways. One is to compare TDHS data with the results of previous surveys. Fertility trends can also be examined based on TDHS data alone. Having the complete birth history provides more direct evidence on trends, thereby permitting more accurate conclusions. However, use of birth histories for analysis of trends places a great burden on the quality of data, which should always be interpreted with caution. Table 3.3 shows the age-specific fertility rates for five-year periods preceding the survey. The age-specific schedule of rates in Table 3.3 is progressively truncated as time before the survey increases. The bottom diagonal of estimates (enclosed in brackets) is also truncated. Total fertility rates can be calculated from the age-specific rates in Table 3.3, but only by summing across ages unaffected by truncation.

Age-specific ferti survey, by mothe			erious prece	aing ine
· · · · · · · · · · · · · · · · · · ·	Numbe	er of years p	receding the	survey
Mother's age	0-4	5-9	10-14	15-19
15-19	62	79	90	122
20-24	169	190	221	259
25-29	148	166	189	221
30-34	91	103	119	[176]
35-39	40	52	[70]	
40-44	14	[20]		
45-49	[1]		-	-

The decline of fertility over time, which is implied by the earlier tables, is seen much more clearly in Figure 3.2. Cumulation of the ASFRs up to age 40 shows a recent decline in fertility of fourteen percent, from 3 births per woman in the period 5 to 9 years before the survey to 2.6 births per woman in the five-year period immediately preceding the survey.

Table 3.4 presents fertility rates for ever-married women by duration since first marriage for five-year periods preceding the survey. These rates are similar to those presented in Table 3.3 and the same admonitions apply in their interpretation. Fertility early in marriage often remains resistant to change, even when fertility is declining, because fertility decline usually begins at the older ages (when women start to limit the number of births) and not among young couples postponing births. Therefore, a complete examination of duration-specific trends requires interpretation in the light of other evidence.



Fertility rates are declining in general, but as shown earlier, the decline is greater among women who are in their later years of childbearing. Table 3.4 indicates that a decline of fertility by around one-fifth, from 358 to 293, among women married 0-4 years and, thus, in the early years of childbearing; in fact, this decline is slightly more than the decline observed in TDHS-93. An even more substantial decline (by almost 40 percent from 264 to 164) is observed for women married 5-9 years and very dramatic changes (around than sixty percent) occurred among women who had been married for longer durations. Although this pattern is quite common among populations with increasing fertility control, the speed of change is noteworthy.

The table also indicates that the decline in fertility was more rapid during the early 1990s than during the late 1980s.

Fertility rates for marriage in yea Turkey 1998				
Marriage duration	Numbe	r of years p	receding the	survey
at birth	0-4	5-9	10-14	15-19
0-4	293	309	335	358
5-9	164	182	214	264
10-14	85	107	147	210
15-19	49	75	104	[161]
20-24	23	50	[106]	
25-29	12	[21]		

3.2 Children Ever Born and Living

The distribution of women by number of children ever born is presented in Table 3.5 for all women and for currently married women. In the TDHS-98 questionnaire, the total number of children ever born was ascertained by a sequence of questions designed to maximize recall. Life-time fertility reflects the accumulation of births over the past 30 years and, therefore, its relevance to the current situation is limited.

Age			Number of children ever born (CEB)					Number of children ever born (CEB)						Mean no.	Mean no
group	0	1	2	3	4	5	6	7	8	9	10+	Total	women	CEB	children
	· · · · · · · · · · · · · · · · · · ·		····				Ai	L WON	JEN						
15-19	92.1	6.7	0.9	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,720	0.09	0.09
20-24	53.9	24.1	15.8	4.3	1.3	0.4	0.1	0.0	0.0	0.0	0.0	100.0	1,558	0.76	0.72
25-29	22.8	22.5	32.0	13.8	4.5	2.6	1.0	0.4	0.2	0.1	0.0	0.001	1,397	1.71	1.60
30-34	10.2	12.7	33.2	20.5	12.0	5. l	2.5	2.1	1.0	0.4	0.4	100.0	1,202	2.59	2.39
35-39	6.0	7.6	29.3	21.2	15.5	7.5	4.6	2.7	2.4	1.6	1.6	0,001	1,081	3.27	2.95
40-44	3.8	5.6	22.4	20.7	14.6	10.9	7.1	3.9	4.6	3.5	2.9	100.0	885	3.96	3.51
45-49	3.7	4.5	15.7	17.8	16.0	11.7	10.1	5.8	5.5	3.0	6.1	100.0	733	4.54	3.80
Total	34.9	13,1	20.3	12.3	7.5	4.3	2.7	1.6	1.4	0.9	1.1	100.0	8,576	2.01	1.80
				,, ,	,- <u>-</u>	CURF	RENTLY	MARI	RIED W	OMEN	l				
15-19	49.6	42.9	6.2	1.1	0.2	0.0	0.0	0.0	0.0	0.0	0.0	100.0	262	0.59	0.56
20-24	23.8	39.7	26.3	7.3	2.2	0.6	0.1	0.0	0.0	0.0	0.0	100.0	924	1.27	1.20
25-29	1.11	25.5	37.1	16.0	5.2	3.1	1.1	0.5	0.2	0.1	0.0	100.0	1,196	1.97	1.85
30-34	3.7	13.1	35.6	22.2	13.3	5.5	2.7	2.2	1.1	0.4	0.4	100.0	1,090	2.79	2.57
35-39	3.6	7.0	30.0	22.4	16.3	7.5	4.7	2.7	2.4	1.7	1.7	100.0	1,014	3.37	3.04
40-44	1.7	5.5	22.3	20.3	15.4	11.7	7.9	4.1	5.0	3.4	2.8	100.0	789	4.08	3.62
45-49	2.2	3.6	15.7	18.5	16.7	12.4	10.3	6.0	4.9	2.9	6.6	100.0	645	4.64	3.89
m. 1	• •														
Total	9.9	18.0	28.2	17.1	10.5	5.9	3.7	2.2	1.9	1.2	1.5	100.0	5,921	2.76	2.49

The results in Table 3.5 for younger women who are currently married differ from those for the sample as a whole because of the large number of unmarried women with minimal fertility. Differences at older ages, though minimal, generally reflect the impact of marital dissolution. The parity distribution for older currently married women provides a measure of primary infertility.

A comparison of the mean number of children ever born with the mean number of children surviving offers a quick evaluation of the survival status of the children. Around one in six children born by women age 45-49 had not survived at the time of the survey (4.5 versus 3.8). The proportion of children surviving among younger women is much higher. This may not only reflect the shorter exposure to risk by the children of the younger cohorts, but also is evidence of improved mortality conditions in general. Of all children born (mean of 2.0), 90 percent (mean of 1.8) were still alive at the time of the survey.

As marriage is universal in Turkey (see Chapter 6), the proportion of women remaining childless is very low. The proportion of women with no children declines in tandem with the proportion remaining single, and almost all women who are married by the age of 45-49 have children. Just over 2 percent of the currently married women who are about to complete their reproductive period remain childless, probably largely due to sterility rather than preference.

3.3 Birth Intervals

There has been a fair amount of research to indicate that short birth intervals are deleterious to the health of babies. This is particularly true for babies born at intervals of less than 24 months. Table 3.6 shows the percent distribution of non-first births in the five years preceding the survey by the number of months since the previous birth.

Table 3.6 Birth intervals

Percent distribution of births in the five years preceding the survey by number of months since previous birth. according to demographic and socioeconomic characteristics, Turkey 1998

		Number of n	nonths since	previous birth	1		Number of	Median number of month since previous
Characteristic	7-17	18-23	24-35	36-47	48+	Total	births	birth
Age of mother		·····				<u></u>		
Ĭ5-19	(29.1)	(27.0)	(30.8)	(13.1)	(0.0)	100.0	23	23.4
20-29	18.5	16.4	24.2	17.9	23.0	0.001	1,187	30.7
30-39	8.1	7.8	19.9	15.7	48.6	100.0	919	46.6
40+	3.4	7.9	15.1	9.0	64.6	100.0	125	-
Birth order								٠
2-3	13.6	13.3	20.2	17.2	35.6	100.0	1,482	37.6
4-6	14.0	9.3	23.6	15.2	37.8	100.0	544	37.5
7+	11.8	14.8	29.7	14.6	29.1	0.001	229	33.6
Sex of prior birth								
Male	13.3	11.3	21.7	16.9	36.8	100.0	1.141	38.0
Female	13.7	13.8	22.4	16.0	34.2	100.0	1,113	36.1
Survival of prior birth								
Living	11.6	12.0	22.0	17,0	37.4	100.0	2,096	38.4
Dead	39.5	20.0	22.0	8.9	9.7	100.0	158	21.6
Residence								
Urban	11.1	10.9	20.0	17.7	40.4	100.0	1,359	40.6
Rural	17.2	15.1	25.1	14.5	28.1	100.0	895	31.6
Region								
West	10.0	7.8	17.6	19.3	45.2	100.0	594	44.3
South	10.0	11.8	20.3	18.1	39.8	100.0	311	39.4
Central	11.2	13.8	20.8	14.6	39.6	100.0	496	38.5
North	15.0	10.9	24.4	13.3	36.3	100.0	182	35.7
East	19.5	16.5	26.9	15.4	21.6	100.0	672	28.7
Education								
No educ./Pri. incomp.	14.4	14.0	29.7	15.0	26.9	0.001	790	32.1
Prí. comp./Sec. incomp.	13.5	12.4	18.5	17.4	38.2	0.001	1,279	39,1
Sec. comp./+	9.9	7.1	13.2	16,1	53.6	100.0	185	49.9
Total	13.5	12.5	22.0	16.5	35.5	100.0	2.254	37.0

Note: First-order births are excluded. The interval for multiple births is the number of months since the preceding pregnancy that ended in a live birth.

⁽⁾ Figures in parentheses are based on 25-49 unweighted births.

The median birth interval is slightly over three years (37 months). This is more than a year longer than the minimum considered safe. One-fourth of non-first births were born with intervals of less than 24 months. This percentage shows striking variations by background variables. Among births to women with at least a secondary education, the percentage born within 24 months of a prior birth is about 40 percent lower than the percentage of short interval births among women with no education (17 percent and 28 percent, respectively). The smallest proportion of short birth intervals is observed in the West region and the highest proportion in the East region (18 percent and 36 percent, respectively). Short intervals following a female birth are more frequent than for male births (28 percent and 25 percent, respectively). Among all the factors presented in the table, the survival status of the preceding child appears to be strongly related to the proportion of short birth intervals (24 percent for surviving children and 60 percent for deceased children).

3.4 Age at First Birth

The age at which childbearing begins has important demographic consequences as well as important consequences for the mother and child. In many countries, postponement of first births, reflecting an increase in the age at marriage, has contributed greatly to overall fertility decline. The proportion of women who become mothers before the age of 20 is also a measure of the magnitude of adolescent fertility, which is a major health and social concern in many countries. Table 3.7 presents the distribution of Turkish women by age at first birth, according to their current age.

· · · · · · · · · · · · · · · · · · ·	Women with no			Age at f	irst birth				Number of	Media age at first
Current age	births	<15	15-17	18-19	20-21	22-24	25+	Total	women	birth
15-19	92.1	0.3	5.2	2.4	NA	NA	NA	100.0	1,720	a
20-24	53.9	0.9	10.0	15.3	13.5	6.4	NA	100.0	1,558	а
25-29	22.8	1.7	12.7	15.6	18.1	20.2	8.8	100.0	1,397	22.2
30-34	10.2	1.8	13.0	17.2	18.9	20.9	18.0	100.0	1,202	21.9
35-39	6.0	3.0	17.4	21.2	16.2	17.8	18.3	0.001	1.081	20.9
40-44	3.8	1.6	18.4	24.2	20.7	16.7	14.6	100.0	885	20.5
45-49	3.7	3.7	20.0	20.2	19.3	20.0	13.3	100.0	733	20.6

Age of childbearing is increasing gradually. The median has risen from 20.6 years among women age 45-49 years to 22.2 years among women age 25-29 years. The table indicates dramatic changes in adolescent fertility. Some 26 percent of women age 20-24 during the survey had become mothers before age 20; this percentage is substantially lower than the percentage for women age 30-34 (32 percent). Among women aged 35-44 at the time of the survey, more than 40 percent or more had become mothers in their teens.

The median age at first birth for different cohorts is summarised in Table 3.8 and the entry age into motherhood for different subgroups of the population can be compared (the medians for cohorts 15-19 and 20-24 could not be determined because half the women had not yet had a birth).

Table 3.8 Median age at first birth by background characteristics

Median age at first birth among women 25-49, by current age and selected background characteristics, Turkey 1998

D. 1			Current age			Women
Background characteristic	25-29	30-34	35-39	40-44	45-49	age 25-49
Residence					·	
Urban	22.6	22.2	21.1	20.8	20.8	21.7
Rural	21.6	21.3	20.5	19.9	20.4	20.7
Region						
West	22.7	22.4	21.5	20.9	20.8	21.8
South	23.0	21.9	21.6	20.4	19.9	21.5
Central	22.0	21.4	20.5	20.4	20.9	21.1
North	22.2	22.2	20.7	20.4	20.9	21.3
East	20.7	20.5	20.2	19.7	19.8	20.2
Education						
No educ./Pri. incomp.	20.1	19.5	19.9	19.5	19.7	19.7
Pri. comp./Sec. incomp.	21.6	21.5	20.3	20.7	20.7	21.1
Sec. comp./+		25.9	24.9	23.8	24.7	-
Total	22.2	21.9	20.9	20.5	20.6	21.3

Note: The medians for cohorts 15-19 and 20-24 could not be determined because some women may still have a birth before reaching age 20 or 25, respectively.

The median age at first birth is over 21 years (21.3) among all women 25-49. It varies considerably according to background variables. Women living in urban areas had their first birth one year later than women living in rural areas. When they first become mothers, women living in the East region were 1.6 years younger than women living in the West region. The level of education shows the biggest differentials among the background variables considered in this table. For example, women age 30-34 with no education became mothers on average at the age of 19.5, while women in the same cohort with at least a secondary level of education waited an additional six years before they had the first birth.

3.5 Teenage Pregnancy and Motherhood

Table 3.9 shows the percentage of women age 15-19 who are mothers or pregnant with their first child. About one in twelve (9 percent) of women age 17 have become mothers or are pregnant with their first child. The proportion increases steeply to more than one in six (16 percent) among women age 18 and close to one in four (23 percent) among women age 19. Higher proportions of teenagers living in rural areas have begun childbearing than teenagers living in urban areas (11 percent and 9 percent, respectively). Although fertility is highest in the East region, the proportion of teenagers who have begun childbearing is virtually the same in the Central and South regions as in the East. Education appears to have the strongest association with teenage fertility, not only because the time spent in school results in later marriage and postponed births, but also because of changes in childbearing attitudes.

Table 3.9 Teenage pregnancy and motherhood

Percentage of teenagers 15-19 who are mothers or pregnant with their first child, by selected background characteristics, Turkey 1998

	Percentag	e who are:	Percentage who have		
Background characteristic	Mothers	Pregnant with first child	begun child- bearing	Number of teenagers	
Age	1.0	0.6		205	
15	1.3	0.5	1.8	305	
16 17	1.6 4.9	0.3 3.8	1.9 8.8	372 347	
18	12.2	3.6 3.7	16.0	347 396	
19	20.1	3.7	23.1	301	
Residence	•				
Urban	7.4	2.0	9,4	1,034	
Rural	8.6	2.8	11.4	686	
Region		•			
West	7.2	2.2	9.3	<i>5</i> 39	
South	8.4	2.6	11.0	261	
Central	8.8	2.4	11.2	380	
North	4.3	2.5	6.7	136	
East	8.8	2.2	11.0	404	
Education					
No educ./Pri. incomp.	15.3	6.7	22.0	183	
Pri. comp/Sec. incomp	8.3	2.1	10.4	1,239	
Sec. comp./+	1.6	0.4	2.0	297	
Total	7.9	2.3	10.2	1,720	

Note: The sum of the absolute values does not add up to the total value in the last three categories due to the ever-married factors used.

CHAPTER 4

FAMILY PLANNING

Turgay Ünalan and İsmet Koç

This chapter presents the TDHS-98 results regarding various aspects of contraceptive knowledge, attitudes and behaviour. While the focus is on women, some results from the husband survey will also be presented, since men play an important role in the realisation of reproductive goals. To get an indication of interspousal communication and agreement (perceived) in the attitudes and knowledge of couples regarding family planning, the responses of men were, where possible, paired with responses obtained from their wives in the same household.

To obtain the data on knowledge and use of family planning, respondents were first asked to name all of the methods of family planning that they knew or had heard about. For methods which were not mentioned spontaneously, a description of the method was read and the respondents were asked if they had heard of the method. Respondents were then asked if they were currently using a method and, if so, from where they had obtained the currently used method.

4.1 Knowledge of Family Planning Methods

Table 4.1 presents the levels knowledge of contraceptive methods for female respondents by marital status and for husbands. Knowledge of modern methods is almost universal. Knowledge of traditional methods is also high among married respondents (91 percent among currently married women and 88 percent among husbands). However, knowledge of traditional methods is much lower among never-married women, with only about three in five recognizing any traditional method. The IUD and

Table 4.1 Knowledge of contraceptive methods and source for methods									
Percentage of all women, curre	ently marrie	ed women, a	ind husbands	s who know					
any contraceptive method, by	specific me	thod, Turke	y 1998						
Contraceptive method	All women	Never- married women	Currently married women	Husbands					
Any method	98.2	96.5	98.9	97.9					
Any modern method Pill IUD Injections Diaphragm/Foam/Jelly Condom Female sterilisation Male sterilisation Implant	98.0	96.5	98.7	97.1					
	94.4	91.0	95.8	92.5					
	94.9	89.7	97.0	87.0					
	72.8	64.9	76.2	61.7					
	45.0	30.5	50.5	26.0					
	79.9	66.9	85.1	84.6					
	79.1	67.9	83.4	68.8					
	41.4	32.2	45.0	49.4					
	22.2	15.1	24.8	13.1					
Any traditional method	81.7	59.0	90.6	87.8					
Periodic abstinence	43.6	38.3	45.4	61.0					
Withdrawal	77.4	46.5	89.4	83.9					
Other methods	6.0	2.7	7.2	2.9					
Any traditional/folk method	82.0	59.3	90.8	87.8					
Total	8,576	2,380	5,921	1,971					
Mean	6.6	5.5	7.0	6.3					

pill are the most widely known family planning methods among women and husbands followed by the condom and female sterilisation. Withdrawal, a traditional method of avoiding pregnancy, is known to 89 percent of currently married women and 84 percent of husbands, but to only 47 percent of nevermarried women. The mean number of methods known is a rough indicator of the breadth of family planning methods. On average, 7 methods are known by currently married women, 6.3 methods are known by husbands, and 5.5 methods by never-married women.

Table 4.2 shows the correspondence between the contraceptive knowledge of husbands and wives for the 1,896 couples interviewed in the TDHS-98. The proportion of couples where both spouses know at least one method of contraception is 97 percent. This proportion is 96 percent for modern methods and 81 percent for traditional methods. Eighty-six percent of couples know the IUD and 89 percent know the pill. The proportion of couples with withdrawal knowledge is also high (78 percent). For couples where only one partner knows of a method, wives are more likely to know the method than their husbands; the exceptions are male sterilisation and periodic abstinence.

Contraceptive method	Both know method	Husband knows method, not wife	Wife knows method, not hus- band	Neither know	Total	Number of couples
Any method	97.0	1.0	1.8	0.2	100.0	1,896
Any modern method	95.9	1.4	2.5	0.2	100.0	1.896
Pill	88.9	3.9	6.1	1.1	100.0	1,896
IUD	85.9	1.3	10.7	2.1	100.0	1,896
Injections	49.6	12.5	26.4	11.5	100.0	1,896
Diaphragm/Foam/Jelly	16.3	9.2	34.4	40.1	100.0	1,896
Condom	75.7	8.9	9.6	5.9	100.0	1,896
Female sterilisation	59.4	9.6	22.8	8.2	100.0	1,896
Male sterilisation	28.3	21.2	16.3	34.2	100.0	1,896
Implant	6.4	6.7	17.8	69.1	100.0	1,896
Any traditional method	81.4	6.4	9.3	2.9	100.0	1,896
Periodic abstinence	34.3	26.5	12.1	27.0	100.0	1,896
Withdrawal	77.6	6.4	11.8	4.2	100.0	1,896
Any folk method	0.3	2.7	7.4	89.6	100.0	1,896
Any traditional/folk method	81.8	6.1	9.3	2,9	100.0	1,896

4.2 Ever Use of Family Planning Methods

Ever-married women and husbands interviewed in the TDHS-98 who reported that they had heard of a method of family planning were asked if they had ever used that method. Table 4.3 looks at the extent to which women and husbands report having had experience with the use of contraceptive methods. The proportion of currently married women who have ever used any contraceptive method is 84 percent. Overall, modern methods are much more frequently adopted than traditional methods; 67 percent of all currently married women and 68 percent of husbands have used a modern method while 60 percent of currently married women and 56 percent of husbands have used a traditional method.

Table 4.3 Ever use of contraception

Among currently married women and husbands, the percentage who have ever used a contraceptive method, by specific method, according to age, Turkey 1998

		Modern methods							Traditional methods					.,,		
Age	Any method	Any modern method	Pill	IUD	Injec- tion	Dia- phragm/ Foam/ Jelly	Con- dom	Female steri- lisa- tion	Male steri- lisa- tion	Im- plants	Any trad. method	Peri- odic absti- nence	With- draw- al	Other meth- ods	Any trad./ folk method	Number of women/ husbands
<u> </u>						CURRE	ENTLY	MARRIE	ED WO	MEN						· · · · · · · · · · · · · · · · · · ·
15-19	54.9	26.4	7.6	9.6	0.8	1.0	16.5	0.0	0.0	0.0	44.7	3.6	44.2	0.0	44.7	262
20-24	74.8	49.7	17.5	23.4	1.5	3.0	29.5	0.3	0.0	0.0	56.2	3.8	55.2	0.7	56.6	924
25-29	85.6	70.8	29.8	40.9	3.5	4.1	35.4	1.8	0.0	0.1	61.4	₹8.5	59.2	0.7	61.8	1,196
30-34	90.2	77.3	39.7	46.4	3.3	7.1	36.9	5.9	0.0	0.1	63.6	9.0	61.1	1.3	63.9	1,090
35-39	89.2	75.7	41.3	52.8	2.5	10.5	32.8	7.1	0.0	0.2	62.0	9.7	59.8	3.0	63.3	1,014
40-44	87.7	71.9	43.3	42.3	3.5	12.8	29.2	7.0	0.0	0.0	63.2	9.7	61.0	4.2	65.2	789
45-49	84.5	66.9	45.2	30.5	3.9	13.1	20.3	5.7	0.2	0.0	56.6	9.7	54.4	4.2	58.3	645
Total	84.2	67.3	34.2	38.9	2.9	7.6	31.0	4.2	0.0	0.1	60.1	8.1	58.1	2.0	61.0	5,921
		<u></u>		<u></u>	<u></u>		HU	SBANDS	<u></u>	···		<u>,, , , , , , , , , , , , , , , , , , ,</u>	···			
15-24	60.4	30.9	11.7	8.6	1.7	0.8	15.2	1,2	0.0	0.0	46.1	7.4	41.6	0.0	46.1	112
25-29	78.6	60.2	21.6	24.4	5.1	0.9	38.2	0.2	0.0	0.0	56.8	16.5	51.3	0.5	57.1	342
30-34	84.8	70.5	28.0	38.2	1.6	3.2	45.5	2.8	0.4	0.2	60.9	20.1	56.4	0.9	60.9	364
35-39	90.1	78.4	36.8	45.7	4.7	3.2	38.3	5.2	0.4	0.4	60.0	20.4	<i>54.</i> 3.	1.4	60.4	352
40-44	85.5	75.6	37.9	45.0	6.1	2.6	34.8	6.8	0.0	0.0	51.9	17.0	48.5	1.8	51.9	335
45-49	85.5	70.1	47.0	35.3	9.9	8.7	32.0	6.9	0.0	0.0	59.4	21.3	53.1	0.8	59.5	240
50+	72.7	59.8	34.0	31.5	6.3	6.6	26.4	3.3	0.0	0.0	46.2	14.0	42.7	0.4	46.5	226
Total	82.1	67.5	32.2	35.5	5.1	3.6	35.6	3.9	0.1	0.1	55.8	17.7	51.0	0.9	56.0	1,971

With regard to the ever use of specific methods of contraception, slight differences are observed between the levels reported by women and husbands. The proportion of those who reported ever use of the pill, IUD and the diaphragm, foam and jelly, were slightly higher among women while the proportions ever reporting use of condom and injections were slightly higher among husbands. With respect to traditional methods, women were somewhat more likely to report ever use of withdrawal then men, while men were more likely to report ever use of periodic abstinence.

4.3 Current Use of Contraceptive Methods

The level of current use of family planning is one of the indicators most frequently used to assess the success of the family planning programme activities. It is widely used as a measure in the analysis of the determinants of fertility. This section focuses on the levels and differentials in family planning use, with particular emphasis on the method mix among users.

Table 4.4 presents the level of current use of contraceptives for currently married women and husbands by age group. Overall, 64 percent of currently married women in Turkey are currently using a method of contraception. Of the users, the majority rely on a modern method (Figure 4.1). One in five currently married women are using the IUD. The condom, which is the second most popular modern method, is used by approximately 8 percent of married women and 11 percent of the husbands. Withdrawal, a traditional method, is the most popular method among currently married women in Turkey, with 24 percent currently using the method.

Table 4.4 Current use of contraception Percent distribution of all women, currently married women, and husbands, by contraceptive method currently used, according to age, Turkey 1998 Modern methods Traditional methods Dia-Female Male Peri-Not Number phragm/ With-Any Any odic Other steristericurof Any modern Injec-Foam/ Conlisalisatrad. abstidrawmethrently women/ IUD Age method method Pill tion Jelly dom tion method al ods Total husbands tion nence using **CURRENTLY MARRIED WOMEN** 15-19 15.7 0.5 33.6 1.9 0.0 7.4 6.0 0.0 0.0 17.8 0.5 17.3 0.0 66.4 100.0 262 20-24 52.9 30.8 4.8 16.3 0.3 0.3 8.8 0.3 0.0 21.9 0.3 21.6 0.2 47.1 100.0 924 10.9 0.3 67.0 6.1 22.9 1.1 0.5 1.8 0.0 23.4 0.5 22.9 33.0 100.0 25-29 43.3 1.196 30-34 74.3 47.3 5.2 25.6 0.3 0.5 9.7 5.9 0.0 26.7 0.8 25.8 0.4 25.7 100.0 1,090 46.6 3.9 27.4 0.7 0.8 23.7 35-39 76.3 6.8 7.1 0.0 28.8 1.3 27.5 0.9 100.0 1,014 40-44 70.0 36.6 3.4 16.6 0.0 1.0 8.6 7.0 0.0 31,9 1.9 30.0 1.5 30.0 100.0 789 45-49 41.4 17.6 2.1 6.4 0.0 0.8 2.5 5.7 0.2 22.6 2.6 20.1 1.1 58.6 100.0 645 Total 63.9 37.7 4.4 19.8 0.5 0.6 8.2 4.2 0.0 25.5 1.1 24.4 0.6 36.1 100.0 5,921 **HUSBANDS** 15-24 33.9 17.7 5.8 7.9 0.0 0.0 2.9 1.2 0.0 16.2 0.0 16.2 0.0 66.1 0.001 112 25-29 60.4 14.9 1.4 0.2 15.9 0.2 20.8 39.4 6.8 0.0 1.8 19.0 0.2 39.6 100.0 342 30-34 69.6 50.0 21.7 0.4 8.8 0.2 15.8 2.8 0.4 19.2 30.4 1.2 18.0 0.4 100.0 364 35-39 75.4 50.0 7.7 24.3 0.2 0.4 12.3 4.8 0.4 24.5 1.9 22.7 0.9 24.6 0.001 352 68.9 0.5 6.8 40-44 50.6 7.0 26,2 1.1 9.0 0.0 17.9 1.2 0.4 31.1 100.0 16.7 335 45-49 61.8 40.2 7.1 15.7 0.0 1.6 8.8 6.9 0.0 21.5 2.3 19.2 0.1 38.2 100.0 240 50+ 40.7 23.8 1.8 9.5 0.0 2.7 3.3 0.0 16.7 14.3 59.3 100.0 6.6 2.4 0,2 226 Total 62.6 42.2 6.8 18.8 0.5 0.7 11.4 3.9 0.1 20.0 1.6 18.4 0.4 37.4 100.0 1,971

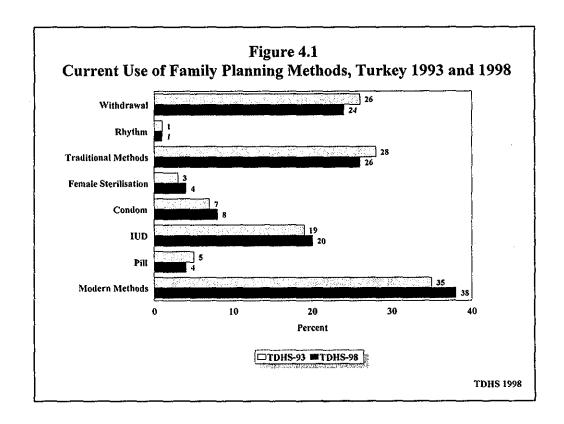


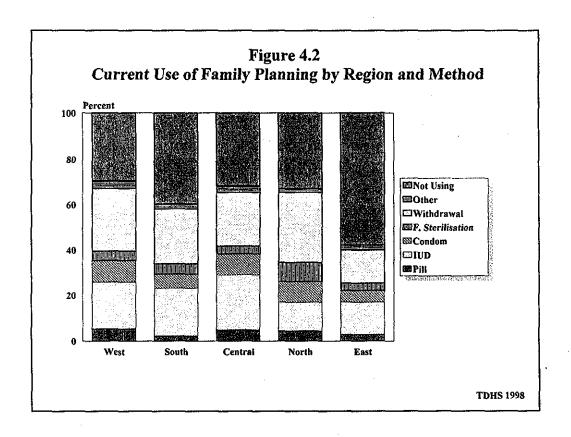
Table 4.4 also shows the variation in current use levels by age. Younger and older women are much less likely to be using contraception than women 25-44. As Table 4.5 shows, contraceptive use also increases rapidly with the number of living children, peaking at 78 percent among women with two children, after which it declines to 59 percent among women with four or more children. There appears to be only limited effort to delay the first birth; 18 percent of the currently married women with no children are using a method. The proportions of women currently using correlates positively with educational level, with the largest proportion observed among women with a secondary or higher education. Women with secondary or higher education are also more likely to be using modern contraceptive methods, especially the IUD and the condom, than less educated women. More than half of all women in this education group are users of a modern method, with almost a quarter using the IUD.

There are marked differences by residence in the proportion of women currently using a modern contraceptive method. Urban women are considerably more likely to be using a modern method than rural women. While 71 percent of currently married women in the West region are using some kind of contraception, the proportion is to 42 percent in the East (Figure 4.2). The proportions using a modern method are highest in the Central and West regions (43 and 41 percent, respectively) followed by the South, North and the East regions. The use of withdrawal seems to be popular across the country but principally in the North (31 percent) and the West (28 percent).

Table 4.5 Current use of contraception by background characteristics

Percent distribution of currently married women and husbands by contraceptive method currently used, according to selected background characteristics, Turkey 1998

		Modern methods						Traditional methods								
Background characteristic		Any modern method	Pill	IUD	Injec- tion	Dia- phragm/ Foam/ Jelly	Con- dom	Female steri- lisa- tion	Male steri- lisa- tion	Any trad. method	Peri- odic absti- nence	With- draw- al	Other meth- ods	Not cur- rently using	Total	Number of women/ husband
						CURRE	NTLY N	ARRIEI	NOW C	IEN						
Number of									···-			····				
living children									• •							
None	17.6	9.2	3.3	0.1	0.0	0.2	5.5	0.0	0.0	8.4	0.5	8.0	0.0	82.4	100.0	613
1	59.6	33.1	3.9	17.9	0.7	0.1	10.4	0.1	0.0	26.2	1.5	24.7	0.3	40.4	100.0	1,132
2	78.1 76.4	49.3 43.8	5.t 5.6	27.3 23.5	0.6 0.3	0.8 0.7	11.1 6.8	4.3 6.9	0.1 0.0	28.4 31.3	1.5 0.6	26.9 30.6	0.4 1.3	21.9	100.0	1,802
3 4+	59.0	34.0	3.1	17.1	0.5	1.0	4.8	7.5	0.0	23.9	0.7	23.1	1.1	23.6 41.0	100.0 100.0	1,279
Residence																
Urban	66.7	40.8	4.6	21.0	0.5	0.6	9.3	4.7	0.0	25.2	1.4	23.8	0.6	33.3	100.0	3,978
Rural	58.1	31.4	3.8	17.3	0.3	0.6	6.0		0.0	26.0	0.5	25.5	0.7	41.9	100.0	
Region									•							
West	70.5	40.5	5.4	20.5	0.3	0.7	9.4	4.2	0.1	29.2	1.6	27.6	0.9	29.5	100.0	2,261
South	60.3	35.1	2.3	20.9	0.5	0.7	6.2	4.5	0.0	24.6	0.4	24.2	0.6	39.7	100.0	851
Central	68.3	42.8	4.9	24.2	0.5	0.6	9.2	3.4	0.0	24.7	1.1	23.7	0.8	31.7	100.0	1,426
North	67.0	35.2	4.5	12.4	0.0	0.7	9.2	8.4	0.0	31.5	0.7	30.9	0.3	33.0	100.0	474
East	42.0	26.7	2.9	14.0	1.1	0.2	5.2	3.3	0.0	15.2	0.7	14.4	0.1	58.0	100.0	909
Education																
No educ./																
Pri. incomp.	50.4	27.9	3.1	14.0	0.5	8.0	4.0	5.6	0.0	21.5	0.4	21.1	0.9	49.6	100.0	1,546
Pri. comp./																
Sec. incomp.	67.1	38.6	4.4	21.4	0.5	0.5	1.8	3.6	0.0	27.9	0.6	27.3	0.7	32.9	100.0	3,570
Sec. comp.+	75.3	52.7	6.4	23.8	0.2	0.8	17.0	4.5	0.0	22.5	4.4	18.1	0.1	24.7	100.0	804
Total	63.9	37.7	4.4	19.8	0.5	0.6	8.2	4.2	0.0	25.5	1.1	24.4	0.6	36.1	100.0	5,921
					·		HUS	BANDS		 .						
Number of																· · · · · · · · · · · · · · · · · · ·
living children	1															
None	26.0	14.7	6.1	0.5	0.0	0.0	8.0	0.0	0.0	11.3	2.9	8.4	0.0	74.0	100.0	187
1	66.2	42.8	7.2	18.6	0.4	0.4	15.8	0.4	0.0	23.1	2.5	20.6	0.4	33.8	100.0	372
2	77.4	53.3	6.7	25.9	0.5	0.8	15.5	3.5	0.5	24.0	1.5	22.5	0.2	22.6	100.0	566
3	68.3	46.3	7.6	21.3	1.0	1.2	9.3	5.9	0.0	21.5	1.2	20.3	0.5	31.7	100.0	334
4+	53.3	37.1	6.3	16.3	0.4	1.0	6.2	6.9	0.0	15.7	0.9	14.7	0.6	46.7	100.0	512
Residence						. -										
Urban	66.0	45.9 34.4	7.4 5.4	20.0	0.5	0.7	13.2	3.8	0.2	19.7	2.0	17.8	0.4	34.0	100.0	1,347
Rural	55.4	34.4	5.4	16.2	0.4	0.8	7.5	4.1	0.0	20.7	0.9	19.7	0.3	44.6	100.0	624
Region	50. 0	40.0	a •	10.4	^ =	• •	10.6	2 1	^ ~			20.2		20.5	1000	"
West	70.0	43.8	7.8	19.4	0.2	0.9	12.6	2.6	0.3	25.8	2.5	23.3	0.4	30.0	100.0	767
South	60.6	41.7	3.0	21.4	0.7	1.6	9.7	5.3	0.0	19.0	0.9	18.0	0.0	39.4	100.0	285
Central	67.9	49.9	8.5	22.4	0.9	0.6	12.7	4.8	0.0	17.4	1.6	15.8	0.6	32.1	0.001	481
North East	58.5 38.1	36.9 28.5	7.9 4.3	11.2 12.9	0.0 0.7	0.6 0.0	11.5 7.4	5.7 3.2	0.0 0.0	21.1 9.4	0.4 0.5	20.7 8.9	0.5 0.2	41.5 61.9	100.0 100.0	150 287
Education																
No education/																
Pri. incomp.	32.7	17.9	0.8	11.3	0.5	0.0	2.2	3,2	0.0	14.8	0.3	14.4	0.0	67.3	100.0	204
Pri. comp./			0		3.0	5.0		٠,٠	4.0	2 7.0	0,5	1-7,-4	0.0	07.3	100.0	204
Sec. incomp.	62.4	41.5	7.5	18.6	0.3	0.9	10.0	4.3	0.0	20.5	0.8	19.7	0.4	37.6	100.0	1,253
Sec. comp.+	75.1	53.7	7.5	22.5	0.8	0.8	18.6	3.1	0.5	21.0	4.1	16.9	0.4	24.9	100.0	513
Total	62.6	42.2	6.8	18.8	0.5	0.7	11.4	3.9	0.1	20.0	1,6	18.4	0.4	37.4	100.0	1,971



4.4 Trend in Contraceptive Use

Table 4.6 uses data from the 1988 TPHS, 1993 TDHS and the 1998 TDHS to provide the background to recent trends in current use of contraception in Turkey. A plateauing in contraceptive use at around 63 percent is apparent. However, there are a number of changes in the level of use of specific methods that are noteworthy. The proportions of women using IUD and female sterilisation in the TDHS-98 are higher than the levels reported in 1988 and 1993. In 1988, 14 percent of the currently married women were using the IUD, in 1993, 19 percent were IUD users and in 1998, 20 percent were using the IUD. In contrast, there has been a continuous decline in the proportion of women using the pill, from 6 percent in 1988 to 4 percent in 1998. Use levels for most other modern and traditional methods were almost unchanged in 1998 from the levels reported in 1988 and 1993. Thus, the overall pattern of change in contraceptive use in Turkey between 1988 and 1998 was an increasing shift to the use of modern methods.

Table 4.7 shows the recent trend in contraceptive use by urban-rural residence and region. Both urban and rural areas in Turkey have shared the increase in use of modern methods. The use of traditional methods appears to have declined among both urban and rural women; albeit in a somewhat more pronounced way in rural areas. Overall, the change in the period from 1993 to 1998 seems to have been characterized by an increase in the overall contraceptive use in rural areas, and a decline in the use of traditional methods, especially in the urban areas.

Table 4.6 Trends in current	use of contra	ception	· · · · · ·
Percent distribution of curre method currently used, 1988 TDHS	ntly married v 3 TPHS, 1993	women by co TDHS and	ontraceptive 1998
Contraceptive method	TPHS-88	TDHS-93	TDHS-98
Any method	63.4	62.6	63.9
Any modern method	31.0	34.5	37.7
Pill	6.2	4.9	4.4
IUD	14.0	18.8	19.8
Condom	7.2	6.6	8.2
Female sterilisation	1.7	2.9	4.2
Other modern methods	2.0	1.3	1.1
Any traditional method	32.3	28,1	25.5
Periodic abstinence	3.5	1.0	1.1
Withdrawal	25.7	26.2	24.4
Other methods	3.1	0.9	0.6
Not currently using	36.6	37.4	36.1

Table 4.7 Trends in current use of contraception by residence and region

Percentage of currently married women 15-49 currently using any method, a modern method, or a traditional method, by residence and region, 1993 TDHS and 1998 TDHS

		TDHS-93		TDHS-98				
Residence/ Region	Any method	Any Any modern traditional method method		Any method	Any modern method	Any traditional method		
Residence								
Urban	66.2	38.9	27.3	66.7	40.8	25.2		
Rural	56.1	26.8	29.3	58.1	31.4	26.0		
Region			•					
West	71.5	37.3	34.2	70.5	40.5	29.2		
South	62.8	36.7	26.0	60.3	35.1	24.6		
Central	62.7	36.6	26.1	68.3	42.8	24.7		
North	64.2	29.8	34.4	67.0	35.2	31.5		
East	42.3	26.3	16.0	42.0	26.7	15.2		
Total	62.6	34.5	28.1	63.9	37.7	25.5		

The trends are mixed by region. Overall contraceptive use is found to have increased between 1993 and 1998 in the Central region (from 63 to 68 percent) and in the North (from 64 to 67 percent). Most of this increase can be attributed to the increases in the use of modern methods. Contraceptive use decreased slightly in the West and South between 1993 and 1998. In the East, both the proportion of currently married women using contraception and the level of use of modern methods remained unchanged between 1993 and 1998.

4.5 Number of Children at First Use of Contraception

Family planning methods may be used by couples for either spacing births or limiting family size. To explore the possible motivation for use of contraceptives, a question was asked on the number of

children the respondent had when contraception was first used. These data enable an examination of the cohort changes in the timing of adopting contraceptive use. Table 4.8 shows the distribution of ever-married women by age and the number of children the woman had when she first used contraception. More than one-third of women started using contraception after they had one child. Younger cohorts of women reported first use at lower parities than older cohorts of women. For example, the oldest cohort (age 45-49) of ever-married women first used after having 3.4 births on average, while younger cohorts began use on average before having one child. From another perspective, 10 percent of the age cohort 25-29 cohort of ever-married women started contracepting before the birth of their first child, compared with three percent of the age 45-49 cohort.

Table 4.8 Number of children at first use of contraception	
Percent distribution of ever-married women by number of living children at the time of first use of contraception, and median number of children at first use, according to current age. Turkey 1998	đ

Never used contra- Current age ception	used Number of children at time of first use of contraception								Number of	Median number of chil- dren at ₁
		0	1	2	3	4+	Missing	Total	women	first use
15-19	63.9	20.2	13.5	2.5	0.0	0.0	0.0	100.0	309	0.0
20-24	40.6	18.3	29.1	9.1	1.9	1.1	0.0	100.0	1.007	0.4
25-29	31.5	10.1	28.3	17.8	6.9	5.3	0.1	100.0	1,197	0.9
30-34	29.6	6.0	21.3	14.7	11.2	17.1	0.0	100.0	926	1.5
35-39	30.9	3.1	14.4	10.4	9.8	31.1	0.3	100.0	963	2.7
40-44	38.8	2.1	8.3	6.7	8.2	35.4	0.5	100.0	618	3.7
45-49	47.1	3.0	7.7	7.6	5.9	28.6	0.0	100.0	489	3.4
Total	36.8	8.7	19.9	11.4	6.9	16.2	0.1	100.0	5,509	1.3

4.6 Knowledge of the Fertile Period

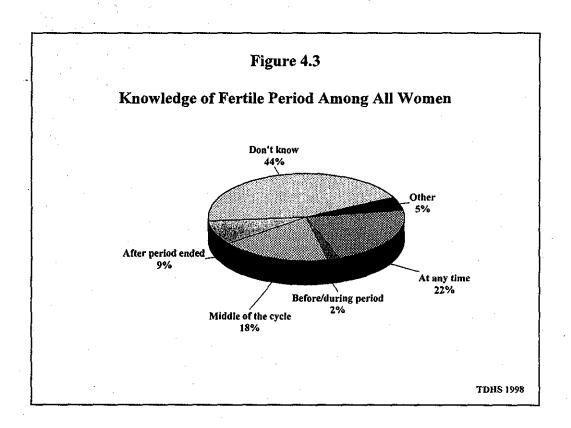
A basic knowledge of reproductive physiology is necessary for successful practice of coital-related methods, such as withdrawal, condom, and vaginal methods (diaphragm, foam or jelly). Knowledge is particularly critical in the case of periodic abstinence or the rhythm method. The successful practice of periodic abstinence depends on an understanding of when during the ovulatory cycle a woman is most likely to conceive. Table 4.9 presents the percent distribution of all respondents and those who have ever used periodic abstinence and withdrawal by reported knowledge of the fertile period in the ovulatory cycle.

Overall, women in Turkey do not have adequate knowledge of the timing of the ovulation. Only 18 percent of all women know the correct time of ovulation, 44 percent have no idea as to the time, and 38 percent have incorrect knowledge (Figure 4.3). Women who have ever used the rhythm method have better knowledge than all women; 55 percent know the correct time of ovulation, nine percent report that they do not know about the time of ovulation, and 36 percent have incorrect knowledge. Ever users of withdrawal are less likely to be able to identify the time in the cycle when a woman is most likely to conceive; 21 percent know the correct time of ovulation, 36 percent are unsure when a woman was fertile, and 43 have incorrect knowledge.

Table 4.9 Knowledge of fertile period

Percent distribution of all women, women who have ever used periodic abstinence, and women who have ever used withdrawal, by knowledge of the fertile period during the ovulatory cycle, Turkey 1998

Perceived fertile period	Ail women	Ever users of periodic abstinence	Ever users of with- drawal
During period	0.3	0.3	0.3
After period ends	9.3	12.7	12.6
Middle of the cycle	17.6	54.8	21.3
Before period begins	1.5	1.3	1.3
At any time	. 22.0	9.1	21.3
Other	5.5	13.2	7.2
Don't know/Missing	43.8	8.5	36.0
Total	100.0	100.0	100.0
Number	8,576	503	3,552



4.7 Timing of Female Sterilisation

Table 4.10 shows the distribution of sterilised women by their age at the time of sterilisation. These findings should, however, be treated with caution since the number of women sterilized is small and misreporting of ages can distort the results. The results indicate that around two-thirds of women who are sterilised had the operation between age 25 and 34. The median reported age at sterilisation was 32 years, as was found in 1993 TDHS.

Table 4.10 Timing of	
Percent distribution women by age at sterilisation, Turkey I	the time of
- 	Percentage
	of
Age at time of	sterilised
sterilisation	women
<25	6.2
25-29	27.7
30-34	36.4
35-39	22.1
40-44	6.1
45-49	1.5
Total	100.0
Number of women	257
Median age ¹	31.7
Median age was cald	nulated only
for women less than 4	
age to avoid problems	
censoring.	, v.

4.8 Sources for Family Planning Methods

Information on sources of modern contraceptives is useful for family planning programme managers and implementors. In the TDHS, women who reported using a modern method of contraception at the time of the survey were asked where they obtained the method last time (Table 4.11). In interpreting the results, it is important to note that some of the women may misreport the type of the place where they obtained the method, since the distinction between hospitals and clinics, or between public and private sources may not be clear to them.

In general, the dominance of the public sector sources in the provision of modern contraceptive services is evident. Overall, 56 percent of users of modern methods said that they relied on a public sector provider. Specifically, health centres (primary health care units) are the most frequent source from where women obtain methods (Figure 4.4). In the case of the pill and the condom, the majority of users go to the private sector for supplies, in particular to pharmacies. In the case of the IUD, most users obtained the IUD from the public institutions, but private doctors are also important providers of the IUD; more than one in four IUD users obtained the method from a private sector provider.

Table 4.12 compares the distribution of users of selected methods by the service provider reported in the TDHS-98 with the distribution reported in the TDHS-93. Looking at all methods, the major change is a somewhat decreased reliance upon public sector in the case of female sterilisation. The percentage of women obtaining sterilisation from a private sector provider has increased from 16 in 1993 to 21 percent in 1998.

Among non-users of contraception, when they were asked about whether they know a source for obtaining modern contraceptives, 56 percent knew about a public sector source, 20 percent cited a private sector source, and 24 percent stated did not know about any source (data not shown).

Table 4.12 Source of supply for selected modern methods, 1993 and 1998

Percent distribution of current users of the pill, IUD, condom, and female sterilisation, by source of supply, 1993 TDHS and 1998 TDHS

•	P	iii	IU	D	Con	dom	-	nale sation
Source of supply	TDHS-93	TDHS-98	TDHS-93	TDHS-98	TDHS-93	TDHS-98	TDHS-93	TDHS-98
Public sector	24.2	26.0	70.9	71.8	28.7	27.7	83.4	76.9
Private sector	75.3	73.6	28.1	27.5	66.2	66.8	15.5	20.8
Other	0.5	0.4	1.0	0.7	5.1	5.5	1.1	2.3

4.9 Discontinuation of Contraceptive Use

Couples can realise their reproductive goals only when they use contraceptive methods consistently. Therefore, a particular concern for family planning programmes is the rate at which users discontinue use of contraception and the reasons for such discontinuation. In the TDHS calendar, all segments of contraceptive use between January 1993 and the date of interview were recorded along with reasons for any discontinuation of use during the period. The discontinuation rates presented here refer only to episodes of contraceptive use that begun during the period of time covered by the calendar, not all episodes that occurred during this period. Specifically, the rates presented in Table 4.13 refer to the 60 month period, 3-63 months prior to the survey. The month of interview and the 2 prior months are ignored in order to avoid the bias that may be introduced by unrecognized pregnancies.

One-year contraceptive discontinuation rates based on the information collected in the TDHS calendar are presented in Table 4.13, according to specific methods. The results indicate that one in three family planning users in Turkey stops using a contraceptive method within 12 months of starting use. The one-year discontinuation rate is as low as nine percent for IUD, while it is 52 percent for injections, 56 percent for the pill, and 38 percent for withdrawal.

Five percent of users stopped using because they want to become pregnant, 7 percent stopped as a result of method failure, another five percent stopped due to side effects or health concerns, and the remaining 17 percent stopped due to other reasons. Side effects or health concerns account for a large portion of the relatively high discontinuation rates for the pill and injection (21 and 29 percent, respectively). On the other hand, method failure accounted for an substantial portion of the discontinuation rates of withdrawal (12 percent).

Table 4.13 Contraceptive discontinuation rates

First-year contraceptive discontinuation rates by reason for discontinuation, according to method, Turkey 1998

	R				
Contraceptive method	Method failure	To become pregnant	Side effects/ health concerns	Other reason	All reasons
Pill	6.6	4.8	21.4	23.6	56.4
IUD	0.9	0.4	6.0	2.0	9.4
Condom	6.0	8.1	0.8	28.6	43.3
Withdrawal	12.0	7.2	0.3	18.7	38.2
Total	7.4	5.2	5.0	17.2	34.9

Table 4.14 presents the distribution of all discontinuations during the five-year period before the survey according to the reason for discontinuation and the method used. The desire to become pregnant accounted for one-fifth of all discontinuations. Side effects and health concerns were frequently mentioned as reasons for discontinuation of modern methods. Accidental pregnancy was more common among withdrawal users (33 percent) than modern method users. However, 16 percent of condom discontinuations and 13 percent of pill discontinuations also were due to method failure.

Table 4.14 Reasons for discontinuation of contraception

Percent distribution of contraceptive method discontinuations in the five years preceding the survey by main reason for discontinuation, according to specific methods, Turkey 1998

	Contraceptive method						
Reason for discontinuation	Pill	IUD	Diaphragm Foam/ Jelly	Condom	With- drawal	All methods	
Became pregnant	12.7	5.6	15.9	15.6	33.1	21.2	
To become pregnant	13.3	21.4	9.2	22.5	21.4	19.9	
Husband disapproved	0.3	0.1	3.8	12.6	2.6	3.0	
Side effects	29.5	24.7	7.1	1.0	0.3	10.7	
Health concerns	9.1	16.4	7.0	1.5	0.4	5.5	
Access/Availability	0.7	0.0	2.3	2.2	0.0	0.5	
More effective method	2.3	0.5	12.3	10.7	13.0	8.3	
Inconvenient to use	1.2	0.6	1.8	4.7	1.0	1.4	
Infrequent sex	6.4	1.7	0.0	2.1	3.1	3.1	
Cost	0.5	0.0	0.8	0.5	0.0	0.2	
Fatalistic	0.0	0.1	0.0	0.3	0.0	0.0	
Menopause	1.9	1.7	2.3	0.9	3.0	2.3	
Marital dissolution	0.7	2.8	1.1	1.2	0.8	1.3	
Other	11.4	17.0	25.4	10.6	4.1	9.2	
Don't know	0.1	0.0	0.0	0.4	0.2	0.1	
Missing	10.0	7.2	11.1	13.3	17.1	13.3	
Total	100.0	100.0	100.0	100.0	100.0	100.0	
Number	729	836	89	566	1,871	4,229	

Includes discontinuations of injection, periodic abstinence, and folk methods

4.10 Future Use of Family Planning

An important indicator of the demand for family planning is the extent to which nonusers plan to use family planning in the future. Women who were not using contraception at the time of the survey were asked about their intention to use family planning in the future. The results are presented in Table 4.15. Around half of the currently married women who are not using any contraception report that they intend to use family planning in the future and 36 percent plan to use in the next 12 months (Figure 4.5).

		Mumb	r of living o	hildren		
Number of living children						
Future use of contraception	0	1	2	3	4+	Total
	CURRE	NTLY MAR	RIED WON	1EN		
Intend use in next 12 months	17,1	48.1	45.9	38.5	25.0	35.3
Intend to use later	43.0	18.0	8.7	4.8	4.5	14.7
Unsure as to timing	1,3	3.1	1.7	0.2	0.2	1.4
Unsure as to intention	5.5	4.1	3.4	2.6	2.7	3.6
Do not intend to use	32.6	25.3	39.3	52.6	65.7	43.7
Don't know/Missing	0.4	1.4	1.0	1.3	1.8	1.2
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	345	488	460	291	556	2,139
	 -	HUSBA	NDS	·		
Intend use in next 12 months	26.9	37.4	23.2	22.6	22.3	26.0
Intend to use later	27.8	22.6	7.l	3.8	4.1	12.2
Unsure as to timing	3.8	0.2	8.1	0.0	0.6	1.2
Unsure as to intention	4.7	5.9	5.1	1.4	2.7	3.9
Do not intend to use	35.4	31.6	56.5	67.0	67.8	53.4
Don't know/Missing	1.4	2.3	6.2	5.2	2.5	3.3
Total	100,0	100.0	100.0	100.0	100.0	100.0
Number	139	126	128	106	239	737

The proportion intending to use, and especially the timing of the intended use, varies with the number of living children. While the proportion who intend to use within the next 12 months is 17 percent among childless nonusers, almost half of the women with 1 or 2 children plan to use soon. Among husbands, the proportion who intend to use family planning is 39 percent. The proportion intending to use among husbands also varies with number of living children, peaking at 60 percent among those with one child.

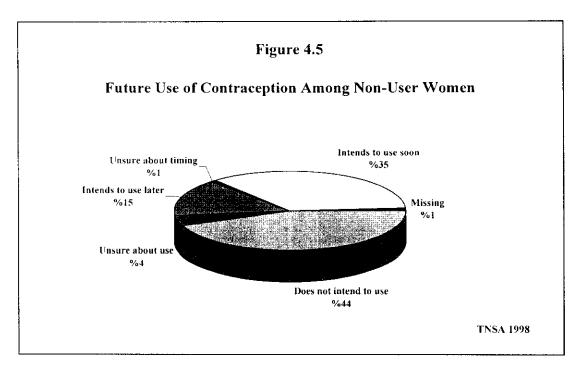


Table 4.16 presents the main reasons for not using family planning reported by currently married nonusers who do not intend to use a contraceptive method in the future. A desire for more children accounts for one-third of nonuse among women less than 30 years of age. The reasons cited most frequently by nonusers age 30 years and over were related to perceived subfecundity and infecundity or being menopausal. Spouse's opposition or concern about religious prohibitions were mentioned as reasons for nonuse by less than 10 percent of women.

Table 4.16 Reasons for not usin	g contrace	<u>otion</u>		
Percent distribution of women who do not intend to use in the faccording to age, and percent discontraception and who do not in Turkey 1998	future by m stribution o	ain reason f husband	for not using s who are no	ng. ot using
		Age		
Reason for not using contraception	<30	30+	Total women	Total husbands
Infrequent sex Menopausal/hysterectomy Subfecund/infecund Wants more children Respondent opposed Husband opposed Others opposed Religious prohibition Knows no method Knows no source Health concerns Fear side effects Costs too mueh Inconvenient to use Interferes with body processes Other Don't know Missing	2.1 0.0 17.5 36.4 7.0 8.6 0.0 5.8 1.0 0.4 4.5 0.4 1.7 0.0 0.0 9.7 3.5	2.6 35.9 30.8 5.1 1.6 2.3 0.1 3.1 1.0 0.4 1.7 0.3 0.3 0.1 0.2 12.2 1.7 0.4	2.5 30.7 28.9 9.6 2.4 3.2 0.1 3.5 1.0 0.4 2.1 0.3 0.5 0.1 0.2 11.8 2.0 0.5	2.9 24.2 11.6 9.6 3.7 0.1 0.0 5.2 2.4 0.0 4.1 1.2 0.6 0.0 0.0 22.9 7.8 0.5
Total Number	100.0 135	100.0 800	100.0 935	100.0 394

One-fourth of all husbands stated that they were not using contraception because their wives were menopausal or had had a hysterectomy. A further 12 percent were not using because their wives were subfecued or infecued.

Future demand for specific methods of family planning was assessed in the TDHS by asking nonusers who planned to use a family planning method in the future which method they intended to use (Table 4.17). More than one-third of currently married women who are not using a contraceptive method intend to use IUD, down from 51 percent in the TDHS-93. Proportions intending to use other modern methods generally increased. Women who intend to use family planning in the next 12 months and those planning to use later have similar preferences (data not shown).

Table 4.17 Preferred method tion for future use	of contracep-
Percent distribution of current women who are not using a co method but who intend to use by preferred method, Turkey 1	ntraceptive in the future
Preferred method	
of contraception	Total
Piil	10.1
ĬÜD	36.5
Injection	8.5
Diaphragm/Foam/Jelly	0.5
Condom	5.7
Female sterilisation	6.4
Male sterilisation	0.4
Implants	1.1
Periodic abstinence	0.3
Withdrawal	9,8
Folk method	5.1
Don't know/Missing	15.6
Total	100.0
Number	1,101

4.11 Exposure to Family Planning Messages in the Electronic Media

Information on the level of public exposure to a particular type of media allows policy-makers to ensure the use of the most effective media for reaching various target groups. Radio and television are major potential sources of information about family planning. To assess the effectiveness of these electronic media for the dissemination of family planning information, all women and husbands in the survey were asked if they had heard messages about family planning on radio or seen them on television during the last few months preceding the survey.

Table 4.18 shows that around half of all women and husbands reported that they had heard or seen a family planning message on radio or television. On the other hand, 10 percent of women and 14 percent of husbands reported that they had heard or seen a family planning message on radio and television. Overall, family planning messages are seen more often on television rather than heard on radio. The differences in the percentages who had seen a message by type of place of residence, region, and education are greater for women than for men. For both women and men, sharp contrasts in access to media messages are observed between less educated and educated respondents.

Table 4.18 Heard about family planning on radio and television

Percent distribution of all women and of husbands by whether they heard a radio and/or television message about family planning in the few months prior to the interview, according to selected background characteristics, Turkey 1998

Background characteristic	Heard on both radio and TV	Radio only	Tele- vision only	Heard on neither	Missing	Total	Number of women/ husbands
	CUI	RENTLY	MARRIED	WOMEN			
Age			24.6			1000	
15-19 20-24	8.0 9.1	1.1 1.3	34.6 43.0	56.3	0.0 0.2	100.0	1,720
25-29	9.1 9.4	0.6	43.0 42.9	46.3 47.1	0.2	100.0 100.0	1,558 1,397
30-34	10.4	0.5	41.4	47.7	0.0	100.0	1,202
35-39	11.5	0.7	34.9	52.8	0.0	100.0	1,081
40-44	10.9	0.4	34.5	54.2	0.0	100.0	885
45-49	12.4	0.8	29.2	57.5	0.1	100.0	733
Residence							
Urban	10.0	0.7	41.1	48.1	0.1	100.0	5,704
Rural	9.8	1.0	31.8	57.3	0.1	100.0	2,872
Region	0.2	0.0	41.7	40.1	0.1	100.0	2 204
West South	9.2 10.0	0.9 0.4	41.7 34.9	48.1 54.6	0.1 0.0	100.0 100.0	3,204 1,258
Central	10.0	0.4	40.9	48.1	0.0	100.0	1,236
North	7.8	0.9	40.6	50.6	0.1	100.0	692
East	12.0	0.9	27.2	59.9	0.0	100.0	1,437
Education							
No educ./Pri. incomp.	10.0	0.5	24.2	65.1	0.2	100.0	1,861
Pri. comp./Sec. incomp.	9.4	1.0	38.7	51.0	0.0	100.0	5,158
Sec. comp./+	11.5	0.7	52.4	35.3	0.1	100.0	1,556
All women	9.9	0.8	38.0	51.2	0.1	100.0	8,576
		HU:	SBANDS				
Age							
15-24	12.3	4.2	51.1	32.6	0.0	100.0	113
25-29	9.7	1.2	41.4	47.4	0.4	100.0	342
30-34 35-39	9.5 14.2	0.1	42.4 33.3	47.8	0.2	100.0	364
40-44	15.3	0.8 0.6	33.7	51.1 50.4	0.8 0.0	100.0 100.0	352 335
45-49	16.3	1.3	33.8	48.6	0.0	100.0	240
50+	22.4	0.0	26.9	47.9	2.6	100.0	226
Residence							
Urban	13.3	1.1	38.1	47.0	0.4	100.0	1,347
Rural	14.8	0.2	34.0	50.9	0.0	100.0	624
Region	10.0	, ,	20.0	47. 1	0.0	***	
West	12.9	1.4	38.2	47.4	0.2	100.0	767 205
South	17.4	1.1	33.5	47.8	0.2	100.0	285
Central North	11.8 7.6	0.1 0.9	39.6 38.8	47.9 52.4	0.6 0.2	100.0 100.0	481 150
East	19.5	0.9	30.8	32.4 49.4	0.2	100.0	150 287
Education							-
No educ./Pri. incomp.	18.6	1.1	25.9	54.0	0.3	100.0	204
Pri. comp./Sec. incomp.	14.4	0.6	34. i	50. <i>5</i>	0.3	100.0	1,253
Sec. comp./+	10.5	1.3	47.8	^{40.4} .	0.0	100.0	513
All men	13.8	0.8	36.8	48.3	0.3	100.0	1,971

4.12 Acceptability of Use of Electronic Media to Disseminate Family Planning Messages

To determine the level of acceptance of the dissemination of family planning information through the media, the TDHS asked women and husbands whether it was acceptable to disseminate family planning information on radio and television. Overall, the majority of women (89 percent) and men (87 percent) interviewed reported that it was acceptable to use radio or television to air family planning messages (Table 4.19). Acceptability of radio and television as a source of information is highest among women and husbands in urban areas, in the West, and among those with high levels of education.

Table 4.19 Acceptability of family planning messages on radio and television

Percentage of women and husbands who think it is acceptable to have messages about family planning on radio and television, by selected background

characteristics, Turkey 1998

Daalaaaad	Wo	men	Husbands			
Background characteristic	Percent	Number	Percent	Number		
Age	· · · · · · · · · · · · · · · · · · ·					
15-19	86.2	1,720	*	4		
20-24	90.1	1,558	80.9	109		
25-29	91.2	1,397	88.1	342		
30-34	91.2	1,202	87.0	364		
35-39	89.8	1.081	90.0	352		
40-44	88.6	885	89.0	335		
45-49	85.0	733	87.1	240		
50+	NA	NA	76.7	226		
Residence						
Urban	91.5	5,704	88.9	1,347		
Rural	84.1	2,872	81.8	624		
Region						
West	92.6	3,204	92.8	767		
South	90.2	1,258	84.4	285		
Central	92.1	1,985	85.3	481		
North	87.0	692	85.8	150		
East	76.7	1.437	75.0	287		
Education						
No educ./Pri, incomp.	74.8	1,861	67.1	204		
Pri. comp./Sec. incomp.	91.8	5,158	86.6	1.253		
Sec. comp./+	97.0	1,556	94.5	513		
Total	89.0	8,576	86.6	1,971		

NA = Not applicable

Note: An asterisk indicates a figure is based on fewer than 25 respondents and has been suppressed.

4.13 Exposure to Family Planning Messages in Print Media

Women were asked if they had been exposed to a family planning message through a newspaper/magazine article, a poster, or a leaflet/brochure (i.e., through print media) during the few months prior to the interview. The results are presented in Table 4.20. Twenty-seven percent of the women interviewed reported that they had exposed to at least one of these media that contained family planning information. The most commonly reported source was newspaper/magazine (19 percent). Women in older age groups, living in the East, or who were less educated were less likely to have been exposed to print media on family planning than those in younger age cohorts, living in urban areas or in the West and more educated women.

Table 4.20 Heard about of family planning through print media

Percentage of women and husbands who had seen a message about family planning through print media in the few months prior to the interview, by source of message and selected background characteristics, Turkey 1998

		Number of			
Background characteristic	Any source	Newspaper/ Magazine	Poster	Leaflet/ Brochure	women/ hsubands
	CURRE	NTLY MARRIED	WOMEN		
Age 15-19	27.2	19.7	8.5	10.3	1,720
20-24	31.6	22.6	13.6	12.4	1,720
25-29	29.7	21.0	13.2	10.8	1,397
30-34	27.2	19.7	12.1	9.6	1,202
35-39	25.0	17.3	10.2	9.ĭ	1,081
40-44	21.5	15.1	10.4	9.2	885
45-49	17.1	13.5	6.1	6.2	733
Residence					
Urban	31.7	23.1	13.0	12.2	5,704
Rural '	16.7	11.2	6.8	5.8	2.872
Region	22.6	22.0			2 204
West	33.6	23.9	15.3	12.9	3,204
South	22.5	15.8	8.2	8.9	1,258
Central	25.8	18.1	9.8	9.4	1,985
North	24.9	19.0	9.5	9.1	692
East	17.1	12.9	5.7	6.2	1,437
Education No educ./Pri. incomp.	7.2	4.4	3.2	2.8	1,861
Pri.comp./Sec. incomp.	25.4	17.5	10.1	2.6 8.7	5,158
Sec. comp./+	54.1	42.0	22.9	23.4	1,556
Total	26.7	19.1	10.9	10.1	8,576
<u> </u>		HUSBANDS			
Δσε		<u> </u>			
Age 20-24	53.1	42.6	11.7	20.5	112
25-29	54.6	40.0	17.6	21.6	342
30-34	47.4	37.4	20.6	15.8	364
35-39	45.7	40.3	15.4	18.5	352
40-44	45.3	40.4	12.7	17.3	335
45-49	44.5	39.1	10.5	20.0	240
50+	33.8	28.8	5.5	10.0	226
Residence					
Urban	52.1	43.1	15.8	19.6	1,347
Rural	34.2	28.3	11.3	13.5	624
Region	52.1	44.2	165	10.0	767
West	53.2 41.4	44.3 34.5	16.5	19.8	767
South	41.4 47.6	34.5	15.0	20.1	285
Central	47.6 42.7	37.8 36.3	15.0 13.4	17.3	481
North East	33.5	36.3 28.6	7.3	11.4 13.6	150 287
Education					
No education/					
Primary incomplete	19.1	14.9	4.2	7.9	204
Complete primary/	42.0	27.0	10.7	15.0	1 2 5 5
Secondary incomplete	43.8 65.7	37.0 53.6	12.7	15.6	1,357
Secondary complete+	65.7	52.6	23.3	27.8	513
Total	46.4	38.4	14.4	17.7	1,971

Overall, husbands were more likely than women to have seen a family planning message through the print media. Nevertheless, even among husbands, fewer than half had seen a message in any of the print media. Differentials in the likelihood of having seen a message parallel those described for women.

4.14 Attitudes of Couples Toward Family Planning

Contraceptive use is facilitated when couples have a positive attitude towards family planning. Attitudinal data were collected in the TDHS by asking women whether they approve of couples using family planning and what they perceived as their husband's attitude towards family planning. This information is useful in the formulation of family planning policies, since it indicates the extent to which further education and publicity are needed to gain or increase acceptance of family planning. Widespread disappoval of contaception acts as a barrier to adoption of contraceptive methods.

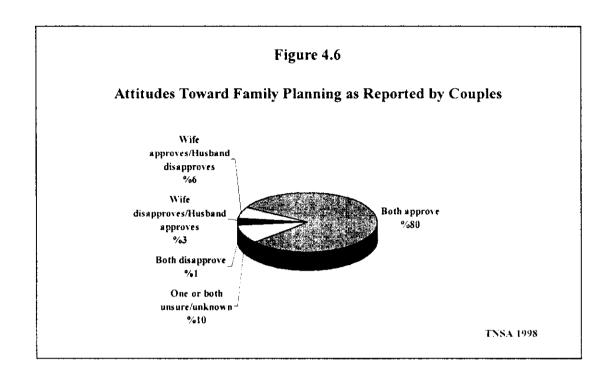
The results presented in Table 4.21 are confined to currently married, nonsterilised women and exclude those who had never heard of a contraceptive method. In general, 91 percent of married women who know of a contraceptive method approve of family planning, and 83 percent believe that their husband approves. Overall, 80 percent of women said that both they and their husbands approve of family planning while only three percent of them reported that both they and their husbands disapprove (Figure 4.6).

Table 4.21 Wives' perceptions of couple's attitude toward family planning

Percent distribution of currently married, nonsterilised women who know of a contraceptive method by wife's attitude toward family planning and wife's perception of her husband's attitude toward family planning, according to selected background characteristics, Turkey 1998

	W	oman appr	oves .									
-	-	Hus-	Hus		Woman disapproves							
Background Both disap- attitude	band's attitude unknown	Both disap- prove	Husband approves	Husband's attitude unknown	Wife unsure	Missing	Total	Wife approves	Husband approves	Number of women		
Age												
15-19	71.8	7.8	6.2	2.1	4.1	1.4	5.9	0.7	100.0	86.1	74.8	258
20-24	80.7	6.2	4.1	0.9	2.7	0.5	4.8	0.1	100.0	91.0	82.8	913
25-29	84.1	5.0	4.1	0.7	1.9	0.7	3.4	1.0	0.001	93.3	86.0	1,165
30-34	82.4	5.6	3.4	1.5	2.6	0.7	3.6	0.1	100.0	91.6	85.7	1,019
35-39	80.1	5.7	5.2	0.9	4.1	0.3	3.6	0.1	100.0	91.1	82.2	932
40-44	77.2	5.5	5.8	1.6	3.7	0.8	5.5	0.0	100.0	88.5	80.4	725
45-49	73.2	5.6	7.2	0.5	5.1	1.7	6.6	0.1	100.0	86.1	76.0	593
Residence												
Urban	83.6	4.7	4.2	0.8	2.6	0.4	3.6	0.1	100.0	92.6	85.8	3,762
Rural	72.6	7.7	6.1	1.7	4.4	1.6	6.0	0.1	100.0	86.4	75.8	1,843
Region			•									
West	88.6	3.8	3.4	0.4	1.2	0.4	2.1	0.0	100.0	95.8	90.0	2,148
South	75.6	5.7	5.8	1.4	3.3	0.9	6.8	0.3	100.0	87.5	79.3	806
Central	80.5	6.7	5.8	1.1	1.6	0.5	3.5	0.2	100.0	93.1	82.7	1,378
North	74.4	7.0	6.4	1.4	2.9	1.2	6.6	0.0	100.0	87.9	78.5	434
East	64.1	7.9	4.9	2.0	10.9	1.7	8.4	0.1	100.0	77.0	67.9	839
Education									•			
No educ./ Pri. comp.	61.6	9.0	6.4	2.1	9.2	1.9	9.5	0.1	100.0	77.1	66.4	1,410
Pri. comp./Sec.incomp.	83.9	5.2	4.9	0.8	1.4	0.4	3.2	0.1	100.0	94.1	86.0	3,426
Sec. comp./+	96.3	1.8	1.3	0.0	0.0	. 0.0	0.3	0.2	100.0	99.4	96.4	768
Total	80.0	5.7	. 4.8	1,1	3.2	0.8	4.4	0.1	100.0	90.5	82.5	5,605

Includes women who are unsure about their own attitude, but know their husband's attitude



The likelihood that a woman will report that both she and her husband approve of family planning is higher among women age 25-34 and declines slightly with increasing age. Urban women were more likely to report that both they and their husbands approve of family planning than those in rural areas (84 and 73 percent, respectively). Approval was highest in the West region (89 percent) while it was lowest in the East (64 percent). More educated women are also more likely to say that their spouses approve family planning.

The fact that both women and husbands in the same household were interviewed provided an opportunity to link responses obtained from currently married women with those obtained independently from their husbands. A total of 1,896 couples were linked in this way. Table 4.22 shows the percent distribution of these couples by both spouses' approval of family planning, according to the difference in age and educational level between husbands and wives. In the case of 78 percent of couples, both spouses reported that they approve of family planning. In the case of only 2 percent of the couples did both disapprove. When only one spouse disapproved, it was more likely to be the husband than wife (9 percent and 2 percent, respectively). Generally, as the age difference between husband and wife increases so does the likelihood that one spouse or the other disapproves family planning. Couples are less likely to disapprove family planning when both spouses are educated.

Table 4.22 Attitudes of couples toward family planning

Percent distribution of couples by approval of family planning, according to age and education differences between spouses, Turkey 1998

Background characteristic	Both approve	Both disapprove	Wife approves, husband disapproves	Husband approves, wife disapproves	Unsure/ Missing	Total	Percentage of couples in agree- ment	Number of couples
Age difference		·············						
Husband younger than wife	68.7	1.2	12.4	. 4.9	12.8	100.0	69.9	186
Husband older by:								
0-4 years	81.7	1.6	7.5	1.7	7.5	100.0	83.3	848
5-9 years	80.2	1.6	5.6	1.7	10.8	100.0	81.8	625
10-14 years	71.1	4.7	12.7	2.4	9.1	100.0	75.8	183
15 years +	53.9	6.6	29.8	1.2	8.5	100.0	60.5	55
Education difference								
Husband and wife not educat	ed 33.8	10.6	17.1	9.7	28.8	100.0	44.4	93
Wife educated, husband not	(43.5)	(5.3)	(24.3)	(5.5)	(21.3)	100.0	48.9	32
Husband educated, wife not	59.5	6.5	10.5	3.2	20.3	100.0	66.0	262
Husband and wife educated	84.8	0.6	7.3	1.3	6.0	100.0	85.4	1,509
Total	78.1	2.0	8.5	2.1	9.3	100.0	80.1	1,896

Note: Figures in parentheses are based on 25-49 cases.

CHAPTER 5

ABORTIONS AND STILLBIRTHS

Banu Akadlı Ergöçmen and Turgay Ünalan

This chapter presents information on induced abortions, spontaneous abortions, and stillbirths. Stillbirths and spontaneous abortions are important maternal health indicators. Induced abortions have additional significance for family planning services since one important goal of family planning is to eliminate unwanted pregnancies.

Women resort to induced abortions when they lack access to contraceptive services or other pyschosocial barriers keep them from using family planning to avoid unwanted pregnancies. They may also decide to abort a pregnancy that results from contraceptive failure.

Legalising abortion provides safe conditions to terminate unwanted pregnancies. In Turkey, the practice of abortion was legalised in 1983 with the enactment of the new population planning law. This law provided safe abortion on request during the first ten weeks of gestation for every woman who needed the service. Since the law was enacted, induced abortion has been available to women at government hospitals for a nominal fee and from the private sector for a fee.

In the TDHS-98, questions were included to determine the total number of induced and spontaneous abortions and stillbirths. Information on the duration, the month and year in which the pregnancy was terminated and the person who assisted the woman at the time of abortion was collected. In addition, information was collected on the reason for the last abortion.

5.1 Life-time Experience of Women

Table 5.1 shows the distribution of ever-married women by the total number of abortions (induced and spontaneous) and stillbirths that they reported ever having had during their reproductive lives. Overall, the table shows that relatively few women (5 percent) have had a still birth. Slightly less than one-quarter of ever-married women reported ever having had a spontaneous abortion. The proportion of reporting that they had ever had an induced abortion was somewhat higher; a total of 27 percent of ever-married women have ever had an induced abortion. Among the women who had had an induced abortion, around half had had only one induced abortion.

Both age and the number of living children are strongly associated with the likelihood that a woman will have had an induced abortion. Table 5.2 shows that the percentage of ever-married women ever having had an induced abortion varies from less than 10 percent among women under age 25 to more than 40 percent among women age 45-49. The percentage of ever-married women who have had an induced abortion also increases steadily with the number of living children, from five percent of women with no living children to a peak of 41 percent among women with four children.

Urban women are more likely to report having had an induced abortion than rural women. Considering regional patterns, women in the East region are the least likely to have ever had an induced abortion and women in the West region are the most likely to report an induced abortion. There is little variation by education in the proportions of ever-married women who have had an induced abortion.

Table 5.1 Number of abortions and stillbirths

Percent distribution of ever-married women by number of abortions (spontaneous and induced) and stillbirths, Turkey 1998

Number of pregnancies/	Abortio	<u></u>	
terminations	Spontaneous	Induced	Stillbirth
None	78.6	73.3	95.0
1	15.2	14.2	4.3
2	3.8	7.2	0.5
2 3	1.4	3.0	0.1
4	0.5	1.2	0.1
5 or more	0.4	1.1	0.0
Missing	0.1	0.0	0.0
Total	100.0	100.0	100.0
Mean number	0.3	0.5	0.1
Number of ever- married women	6,196	6,196	6,196

Table 5.2 Induced abortions by background characteristics

Percentage of ever-married women ever having an induced abortion, by selected background characteristics, Turkey 1998

	Ever had	Number
Background	induced	of
characteristic	abortion	women
Age		
15-19	5.5	266
20-24	7.3	945
25-29	19.9	1,216
30-34	26.6	1,124
35-39	37.3	1,055
40-44	37.9	869
45-49	42.4	721
Number of living children		
None	5.4	638
I	14.8	1,189
2 3 4	30.1	1,880
3	34.8	1,141
	41.4	595
5 or more	31.0	754
Residence		
Urban	29.6	4,182
Rural	20.5	2,015
Region		
West	30.7	2,385
South	24.0	892
Central	27.3	1,483
North	26.5	494
East	18.2	942
Education		•
No educ./Pri. incomp	26.7	1,635
Pri. comp./Sec. incomp.	26.4	3,698
Sec. comp./+	27.8	863
Total	26.7	6,196

5.2 Current Levels and Trends

The data collected in the TDHS-98 can be used to look at the current levels of abortions and stillbirths. Table 5.3 shows the rates of abortions (spontaneous and induced) and still births per 100 pregnancies as reported by ever-married women in the TDHS-98. The table shows that, during the five-year period before the survey, almost one in four pregnancies terminated in other than a live birth. As expected, most non-live terminations were abortions. Only about 2 out of every 100 pregnancies ended in a still birth. There were 23 abortions per 100 pregnancies, of which 15 were induced.

Table 5,3 Abortio	ns and stillbirths per 100
induced) and stillb	ns (spontaneous and irths per 100 pregnan- e-year period before the 98
Outcome	Number per 100 pregnancies
Abortions Spontaneous Induced Stillbirths	23.2 8.7 14.5 1.5

Table 5.4 looks at the trends in the levels of induced abortions during the period between the TDHS-93 and the TDHS-98. Overall, the results suggest that there was a slight decline in induced abortions during the period, from 18 abortions to 15 abortions per 100 pregnancies. The level of induced abortions also declined for most subgroups. Among urban women, for example, there were 21 induced abortions per 100 pregnancies during the five-year period prior to the TDHS-93. At the time of the TDHS-98, the level of induced abortions among urban women had dropped to 16 per 100 pregnancies.

Table 5.4 Trend in induced	abortions	
Trends in the number of ind nancies during the five-year Turkey 1993 and 1998	uced abortions period before t	per 100 preg- he survey.
Background characteristic	1993 DHS	1998 TDHS
Age 15-19 20-24 25-29 30-34 35-39	3.8 8.3 20.4 27.9 36.2	5.8 7.7 12.6 23.3 33.4
40-44 45-49	47.1 47.6	42.5 66.2
Residence Urban Rural	21.3 12.4	16.1 11.6
Region West South Central North East	24.9 16.3 19.8 17.0 8.7	18.0 13.7 16.7 15.6 7.6
Education No educ./Pri. incomp. Pri. comp./Sec. incomp. Sec. comp./+	13.9 19.4 22.6	11.8 15.1 17.3
Total	18.0	14.5

5.3 Contraceptive Use Before and After Induced Abortions

One of the issues that the TDHS calendar can be used to examine is the use of contraception of women before and after an abortion. An examination of the patterns of contraceptive use before a woman has an abortion is important because pregnancies that end in abortions are often result from the use of ineffective methods or from the failure to use methods effectively as well as from the failure to use contraception at all. According to the TDHS-98 results, all of these factors are related to abortion in Turkey. As Table 5.5 shows, in around one-third of the abortions during the five-year period before the survey, the woman was not using any form of contraception in the month before she became pregnant. Among abortions in which contraception was used immediately prior to the pregnancy, women were more likely to be using a traditional than a modern method. More than four in ten abortions occurred following a period of use of withdrawal, while 22 percent occurred after the woman became pregnant while using a modern method, primarily the condom (9 percent) or the pill (7 percent).

Table 5.5 Method used be	fore abortion
Method used within one m ancy for the last abortion re years preceding the survey	eported in the five
	Percentage using method before
Method	last abortion
Pill	7.0
IUD	5.2
Injection	0.2
Diaphragm/Foam/Jelly	1.1
Condom	8.5
Periodic abstinence	2.2
Withdrawal	41.5
Other	1.0
No method	33.4
Total	100.0
Number	608

Information on the use of contraception in the month following an abortion is presented in Table 5.6. Women did not use any contraceptive method following abortion in the case of almost one-third of the abortions in the five-year period before the survey, and they initiated use of a traditional method, principally withdrawal, following a similar percentage of abortions. Modern family planning methods were adopted in the month following the pregancy termination in the case of 35 percent of abortions during the five-year period before the survey. In comparison with the mix of method used before abortion, this represented a substantial increase in the use of modern methods. The IUD was the most popular method among women adopting a modern method in the month after an abortion, followed by the pill and condom.

Table 5.6 Method used after	er abortion
Method used within one monancy for the last abortion r five years preceding the sur	eported in the
Method	Percentage using method after last abortion
Pill IUD Injection Diaphragm/Foam/Jelly Condom Female sterilization Periodic abstinence Withdrawal	9.4 14.9 0.4 2.3 8.4 1.1 0.9 27.4
Other No method	1.7 32.1
Total Number	100.0 608

5.4 Reasons for Induced Abortion

The reasons women gave for having their last abortion are presented in Table 5.7. Six of every ten women had the abortion because they did not want to have another child. An additional seven percent ended the pregnancy because it followed a previous pregnancy too closely. Thus, a total of 69 percent of women who had an abortion wanted to space or limit their births at the time of the abortion. Among women citing other reasons for the abortion, the majority indicated that they ended the pregnancy because of concerns about their health.

As the age of women increases, the proportion of women had an abortion because they did not want another child also increases. The desire to delay (space) a wanted birth or concerns about health were cited somewhat more frequently as the reasons for ending the pregnancy among women under age 35 than among older women.

There is little variation between urban and rural areas in the reasons women gave for having an abortion, with nearly two-thirds of both urban and rural women saying that they had an abortion because they did not want another child. In all of the regions, the predominant reason for having an abortion was also a desire to limit births. The West Region has the highest percentage of women reporting they had the abortion because they did not want another child (68 percent), and the East region had the lowest percentage (52 percent). In the East, one-fifth of women had the abortion because of concerns related to their own health, which is more than twice the percentage expressing this concern in the West.

As expected, not wanting another child is more frequently reported by the less-educated women. However, even among more highly educated women, a majority of women reported the last abortion was the result of a desire to limit births. Women with secondary or higher education were somewhat more likely than women in the other education categories to say that they had terminated the pregnancy because it was too close to a prior pregnancy. On the other hand, the likelihood that a women had an abortion because of concern about her own health was somewhat greater for women with with no education (17 percent) than for women with a secondary or higher education (11 percent).

Table 5.7 Reasons for induced abortion

Percent distribution of women who ever had an induced abortion by reason for last induced abortion, according to background characteristics. Turkey 1998

	Reason for induced abortion							
Background	Health related to:			Didn't want	Previous pregnancy	· · · · · · · · · · · · · · · · · · ·		Numbe of
characteristic	Mother	Child	Both	another	just ended	Other	Total	women
Age								
15-19	*	*	*	*	*	*	100.0	15
20-24	14.7	10.5	6.6	39.9	13.8	13.3	100.0	65
25-29	18.2	9.4	4.4	43.1	13.3	11.7	100.0	226
30-34	14.4	6.0	1.7	55.6	10.1	11.9	0.004	271
35-39	12.8	1.1	2.0	69.8	4.3	9.6	100.0	368
40-44	13.2	1.2	1.9	70.2	4.1	9.2	100.0	299
45-49	12.1	3.4	0.5	71.0	5.1	8.0	100.0	274
Residence								
Urban	13.2	4.4	1.8	62.0	7.9	10.4	100.0	1,129
Rural	16.1	3.5	3.2	62.0	5.7	9,3	100.0	389
Region								
West	9.6	3.1	1.7	67.9	7.9	9,5	100.0	680
South	17.4	3.3	3.0	56.0	7.7	12.2	100.0	189
Central	16.4	6.1	1.9	57.6	6.1	11.9	100.0	372
North	17.9	2.9	1.7	64.1	7.2	6.3	100.0	125
East	20.0	6.2	4.7	52.2	7.5	8.6	0.001	153
Education								
No educ./Pri. incomp.	17.4	2.5	2.3	66.9	3.6	6,4	100.0	383
Pri. comp./Sec. incomp.	13.6	4.3	2.6	61.7	7.8	9.8	100.0	810
See, comp./+	10.8	5.6	1.0	56.9	10.5	15.1	100.0	324
Total	14.0	4.1	2.2	62.0	7.3	10.1	100.0	1,518

Note: An asterisk indicates a figure is based on fewer than 25 respondents and has been suppressed.

5.5 Timing of Induced Abortions

Although abortions are legal for up to 10 weeks of pregnancy (2.5 months), it is safer for a woman to have an abortion as early as possible. Table 5.8 shows the distribution of induced abortions in the five-year period prior to the TDHS by the number of months that the woman was pregnant at the time of the abortion. Overall, 68 percent of the abortions took place in the first month of pregnancy and 23 percent in the second month of pregnancy. Thus, only nine percent of induced abortions were performed outside of the recommended time limit. Women in the South and East regions were more likely to report having an induced abortion when they were three or more months pregnant than women in the other regions.

	Jordon, according	to place of re	sidence. Tu	rkey 1998			
Residence/	Number	Number of months pregnant					
Region	1	2	3+	Total	of women		
Residence							
Urban	68.9	23.0	8.1	100.0	437		
Rural	66.4	23.4	10.2	0.001	171		
Region							
West	69.2	23.4	7.4	100.0	638		
South	62.7	20.1	17.2	100.0	77		
Central	70.6	23.4	6.0	100.0	155		
North	77.3	17.8	4.8	100.0	53		
East	59.5	28.2	12.3	100.0	- 77		
	40.0			4000			
Total	68.2	23.1	8.7	100.0	608		

5.6 Provider

Table 5.9 provides information on the abortion provider. Nearly three in four women who had an induced abortion in the five-year period preceding the survey reported the abortion took place at a private doctor's office (59 percent) or at a private hospital or clinic (15 percent). Women seeking abortion services from public sector providers were more likely to report that they had obtained the abortion at a hospital than from a health center.

Rural women were somewhat more likely than urban women to have had the abortion performed at private provider (78 percent and 72 percent, respectively). The proportion obtaining abortion services at a private doctor's office or a private clinic or hospital also varied by region, from 68 percent in the North to 77 percent in the Central region.

Table 5.9 Abortion providers
Percent distribution of women who used induced abortion to terminate pregnancies during the last five years, by place of provision, according to place of residence. Turkey 1998

Abortion provider											
Residence.' Region	Govern- ment hospital	Maternity hospital	Health center	SSK hospital	Private hospital/ clinic	Doctor's office	Other private	Uni- versity hospital	Missing	Total	Number of women
Residence											
Urban	10.4	6.5	0.0	6.3	17.0	55.3	0.0	2.0	2.7	100.0	467
Rural	14.1	3.0	0.5	2.7	8.6	69.6	0.6	0.0	0.9	100,0	189
Region											
West	9.0	4.6	0.0	9.7	24.6	48.4	0.0	1.1	2.7	100.0	259
South	15.3	3.3	0.0	0.8	7.3	66.9	0.0	1.6	4.8	100.0	86
Centra	9.4	8.3	0.0	2.5	10.2	66.7	0.0	2.3	0.6	100.0	176
North	12.0	10.7	1.5	6.7	4.2	63.4	0.0	0.6	0.7	0.001	56
East	19.7	0.8	0.0	0.9	6.1	68.4	1.4	0.7	2.1	0.001	80
Total	11.5	5.5	0.1	5.3	14.5	59.4	0.2	1.4	2.2	100,0	657

•			
			· :

CHAPTER 6

OTHER PROXIMATE DETERMINANTS OF FERTILITY

Banu Akadlı Ergöçmen and İsmet Koç

This chapter addresses a number of factors other than contraception that affect a woman's risk of becoming pregnant, namely, nuptiality, postpartum amenorrhoea, abstinence from sexual relations, and secondary infertility. The nuptiality data collection procedure in the TDHS-98 differed in a number of ways from the standard DHS questionnaire. In the TDHS-98, the nuptiality questions for ever-married women followed the fertility section rather than being included in a separate section at the end of the questionnaire as is typical in the DHS. For ever-married women, there also were additional questions about family formation, religious marriages, and consanguinity. Husbands but not ever-married women were asked about the age at which they initiated sexual activity while, for cultural reasons, neither the husbands nor ever-married women were asked about recent sexual activity. Finally, in the never-married women questionnaire, the marriage section is composed only of attitude questions.

Although it is by no means always true, marriage is an indicator of exposure of women to the risk of pregnancy; therefore it is important for the understanding of fertility. Populations in which age at marriage is low also tend to experience early childbearing and high fertility. Trends in the age at which women marry can help to explain the trends in fertility levels. Measures of other proximate determinants of fertility including the duration of postpartum amenorrhoea and postpartum abstinence, and the level of secondary infertility are also important in understanding fertility patterns.

6.1 Current Marital Status

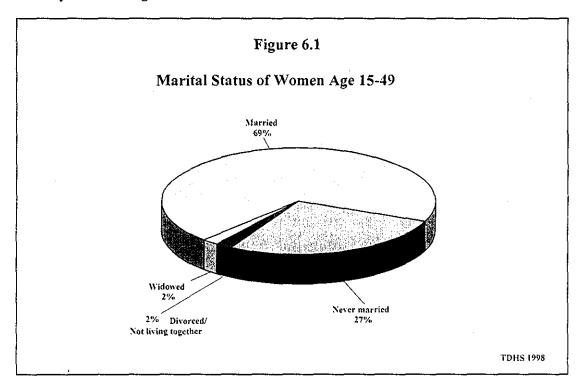
Table 6.1 and Figure 6.1 show the distribution of all women age 15-49 by their marital status at the time of the survey. Overall, 69 percent are currently married¹, 2 percent are widowed, 1 percent are divorced, and 28 percent are never married. In Turkey, marriage is still almost universal. By the end of the reproductive years, less than 2 percent of women have never married. The universality of marriage is also evident from the

			Marital stat	us			Numbe
Age	Never married	Married	Widowed	Divorced	Not living together	Total	of women
15-19	84.5	15.2	0.1	0.0	0.2	100.0	1,720
20-24	39.3	59.3	0.2	0.9	0.3	100.0	1,558
25-29	12.9	85. <i>6</i>	0.4	0.8	0.2	100.0	1,397
30-34	6.5	90.6	1.3	1.3	0.3	100.0	1,202
3 <i>5-</i> 39	2.4	93.8	1.1	1.7	0.9	100.0	1,081
40-44	1.8	89.2	6.1	2.1	0.8	100.0	885
45-49	1.7	87.9	7.7	2.3	0.4	100.0	733

The term married refers both to "currently married" and "currently in union."

fact that among women age 30 and over, 94 percent or more are, or have been, married. The percentage of never-married women declines rapidly with age, decreasing almost by half, from 85 percent among teenagers to 39 percent among women in their early twenties.

As expected, the proportion widowed increases with age, from less than 1 percent of women under age 30 to 8 percent among women age 45-49. The percentage of divorced women is low, and very few women report that they are not living with their husbands.



6.2 Age at First Marriage

In Turkey, marriage is almost universal and almost all births occur within marriage. Therefore, age at first marriage is an important demographic indicator since it represents the beginning of exposure to the risk of pregnancy.

As shown in Table 6.2, the median age at first marriage is 19.5 among women 25-49, indicating that half the women in those age groups married before that age. A steady increase is observed in the median age at first marriage, from 18.4 years for the 45-49 age group to 20.4 years for the 25-29 age group. There has been an especially marked decline in getting married at very young ages. For example, the percentage of women getting married by age 15 has dropped from 12 percent among women age 45-49 to only 4 percent among women 20-24.

Although the median is a convenient summary measure, not all changes in age at marriage are necessarily reflected in the median. Cohort trends in age at marriage can be more thoroughly examined by comparing the percentages who first marry at specific ages for successive 5-year age groups. These percentages reflect a change in age at marriage in Turkey over the past several decades. The percentages of women married at each specific ages are all lower for the younger cohorts than for the older cohorts. For example, among women age 45-49, 66 percent married by age 20, whereas only 46 percent of women age 25-29 married by age 20.

Table 6.2 Age at first marriage

Percentage of women and husbands who were first married by specific exact ages and median age at first marriage, according to current age, Turkey 1998

<u> </u>			e of women arried by ex	Percentage who had never	Number of	Median age at first		
Current age	15	18	20	22	25	married	women	marriage
15-19	2.3	NA	NA	NA	NA	84.5	1,720	a
20-24	4.2	23.0	42.8	NA	NA	39.3	1,558	a
25-29	5.8	27.8	45.6	63.0	80.3	12.9	1,397	20.4
30-34	7.2	27.9	47.5	65.7	82,4	6.5	1,202	20.3
35-39	9.4	37.9	60.6	73.6	85.3	2.4	1.081	19.0
40-44	10.8	43.0	66.2	81.9	89.3	1.8	885	18.5
45-49	12.3	45.0	66.4	80.5	91.2	1.7	733	18.4
Women 20-49	7.6	32.1	52.5	67.7	79.3	13.5	6,856	19.7
Women 25-49	8.6	34.8	55.4	71.4	84.8	5.9	5,299	19.5

HUSBANDS

		Percentage first m	of husband arried by ex	s who were act age:		Percentage who had never	Number of	Median age at first
Current age	20	22	25	28	30	married	husbands	marriage
25-29	15.0	28.2	70.1	ŇA	NA	NA	342	23.5
30-34	12.8	24.0	63.1	85.8	92.6	NA	364	24.0
35-39	21.8	30.3	60.9	80.5	90.0	NA	352	24.0
40-44	25.8	36.7	72.2	87.9	94.5	NA	335	22.9
45-49	28.4	38.0	71.9	88.8	92.1	NA	240	22.9
50-64	16.8	26.1	59.5	79.0	90.0	NA	226	24.2
Husbands 25-64	19.8	30.3	66.3	87.0	93.4	NA	1,859	23.6

NA ≈ Not applicable

Omitted because less than 50 percent of the women in the age group x to x+4 were first married by age x

Comparison with the data from the husband survey shows that husbands enter into first marriage at a much later age than women (Table 6.2). The median age at first marriage for husbands is almost 24 years, compared with 19.5 years for women. Only 20 percent of husbands were married by age 20, compared with 55 percent of women. The percentages of husbands married at each specific marriage age are lower for the younger age groups and increase up to age 50. For example, among husbands in age group 25-29, 15 percent married by age 20, whereas for the husbands in age group 45-49, 28 percent had married by age 20.

Table 6.3 examines the differences in the median age at first marriage among women age 20-49 and husbands age 25-64 years by residence, region, and education. The overall median ages at first marriage observed for urban and rural women age 25-49 indicate that urban women marry slightly later than their rural counterparts (19.8 and 18.9, respectively). For husbands, the difference in the median age at first marriage is more than one year between urban and rural areas (24.0 and 22.6, respectively).

The greatest variation between the regions is observed between the East and the remaining regions. The lowest median age, 18.1, is found in the East and the highest, 19.9, in the West, indicating that women in the East marry nearly two years earlier than women in the West (Table 6.3). In the other regions, the median age at marriage among women varies from 19.3 in the Central region to 19.6 in the South. The regional pattern

Table 6.3 Median age at first marriage

Pri. comp./Sec.

Sec. comp./+

All husbands

Median age at first marriage among women age 25-49 years, and among husbands age 25-64, by current age and selected background characteristics, Turkey 1998

			WOMEN				
Dankananad	· - ·		Current age	e		Women	
Background characteristic	25-29	30-34	35-39	40-44	45-49	age 25-49	
Residence							
Urban	20.6	20.5	19.2	18.8	18.6	19.8	
Rural	19.8	19.9	18.7	17.8	18.3	18.9	
Region							
West	20.6	20.7	19.4	19.0	18.8	19.9	
South	21.0	20.5	19.4	18.1	17.8	19.6	
Central	20.4	19.9	18.5	18.5	18.8	19.3	
North	20.6	20.5	19.2	18.3	18.7	19.5	
East	18.7	18.7	18.1	17.3	16.8	18.1	
Education							
No educ./Pri. incomp.	18.1	18.0	17.9	17.2	17.3	17.6	
Pri. comp./Sec. incomp.	19.9	19.8	18.6	18.9	18.8	19.3	
Sec. comp./+	24.1	23.8	23.0	21.9	22.9	23.5	
All women	20.4	20.3	19.0	18.5	18.4	19.5	
		<u></u>	HUSBAND	S			·
			Curre	nt age			Husbands
Background characteristic	25-29	30-34	35-39	40-44	45-49	50-64	age 25-64
		30-3-7					
Residence							
Urban	23.8	24.4	24.8	23.5	23.2	24.5	24.0
Rural	23.0	22.6	22.7	21.8	21.7	23.7	22.6
Region							
West	24.0	24.5	24.7	23.3	22.9	(24.1)	24.0
South	23.2	24.8	23.7	23.3	(23.6)	24.8	24.0
Central	22.9	23.4	23.8	22.5	22.5	(24.4)	23.1
North	(22.5)	24.0	22.6	22.8	(22.3)	(23.6)	22.9
East	24.0	(22.6)	(23.1)	22.1	(23.6)	23.2	23.0
Education							
No educ./Pri. incomp.	*	(22.7)	(23.1)	(22.3)	(22.9)	22.6	22.7
Dei gamen /Cog	22.1	` 22 &	്നാ മ	` 00 A	` 22 &	246	22.7

Note: Parentheses indicate that a figure is based on 25-49 respondents. An asterisk indicates a figure is based on fewer than 25 respondents and has been suppressed.

23.4

26.0

24.0

22.4

22.9

22.9

23.2

23.6

24.6

24.2

Less than 50 percent of respondents in age group x to x+4 were first married by age x.

23.6

24.9

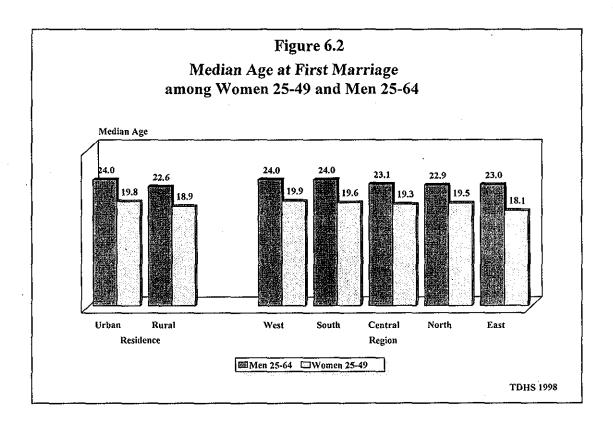
24.0

23.5

in the median age at first marriage for the husbands is different in certain aspects from that of the women. The median age at marriage among husbands in the Central, North, and East regions is around 23 years, approximately one year lower than median age at marriage among husbands in the West and South regions (Figure 6.2).

As expected, there is positive association between the median age at first marriage and educational level of respondents. The differentials between women who have completed at least secondary school and other women are especially pronounced. The median age at first marriage among women with at least secondary education is 23.5 years, almost 6 years higher than the median age among women with less than primary

education (Table 6.3). For women with a primary or higher education, there is a one-year increase in the age at marriage from older cohorts to younger ones. The increase in the median age at first marriage across cohorts observed for women who have no education is not as great as for the other education groups. There also are differences in the median age at first marriage across education categories for husbands; however, these differences are not as marked as for women. Moreover, the upward trend in the median age at first marriage from older cohorts to younger ones observed among women, is not evident for the husbands.



6.3 Age at First Sexual Intercourse

Age at first marriage is often used as a proxy for the onset of exposure to the risk of pregnancy. However, people can become sexually active before marriage, and the age at which sexual intercourse is initiated marks the beginning of reproductive risk. In the 1998 TDHS only husbands are asked to state the age at which they first had sexual intercourse.

The percentage of husbands who have ever had intercourse by specific ages is given in Table 6.4. Almost one-third of husbands age 25-29 had begun to have intercourse by age 18. The percentages who became sexually active at each specific age are slightly higher for younger cohorts than for older cohorts. Overall, the median age at first intercourse is 19.2, indicating that men initiate sexual relations on average 4 years earlier than they marry (23.6 years).

characteristics, Turkey	, 1998	10 1,44 11136	soxual inter	course by ex	raci ages a	nd selected ba	ackgroun
Age		Exact age at first sexual intercourse					
	15	18	20	22	25	husbands	Median
25-29	6.4	29.1	56.5	70.9	88.9	342	19.2
30-34	9.1	36.7	58.7	69.8	86.7	364	18.9
35-39	4.1	36.2	64.1	70.9	89.1	352	18.8
40-44	4.1	29.0	59.8	73.5	90.2	335	19.0
45-49	2.4	27.4	61.0	68.9	88.9	240	19.3
50-64	2.0	21.7	39.0	55.9	80.1	226	20.9

Table 6.5 presents differentials in the median age at first sexual intercourse by background characteristics for the husbands age 25-64. With respect to place of residence, husbands living in urban settlements start sexual relations earlier than their rural counterparts. The regional variation is also noteworthy. The East has the highest median age at first sexual intercourse (20.7) while the West and South have the lowest (18.7). The median age at first intercourse declines as the level of education increases. Husbands with no formal education initiate sexual relations nearly two years later than those with formal education.

Doolsonound	Current age						
Background characteristic	25-29	30-34	35-39	40-44	45-49	50-64	Husbands 25-64
Residence							
Urban	18.8	18.7	18.7	18.9	19.0	21.2	19.0
Rural	20.7	19.5	19.2	19.3	19.7	20.6	19.8
Region							
West	18.6	18.0	18.5	18.8	18.6	20.9	18.7
South	19.0	18.3	18.6	18.4	18.9	20.5	18.7
Central	20.1	21.1	19.1	19.3	19.8	21.3	20.0
North	20.1	20.6	19.2	20.1	19.4	20.9	19.9
East	21.0	19.3	21.3	20.6	21.6	20.8	20.7
Education							
No educ./Pri. incomp.	19.1	20,6	22.4	22.1	21.8	20.7	20.8
Pri. comp./Sec. incomp.	19.3	18.5	18.9	18.8	19.1	21.8	19.0
Sec. comp./+	19.1	20.3	18.6	19.1	19.5	18.6	19.0

6.4 Postpartum Amenorrhoea, Postpartum Abstinence, and Insusceptibility

The period of postpartum amenorrhoea is the interval between childbirth and the return of menstruation. Postpartum protection from conception can be prolonged by two factors: breastfeeding and sexual abstinence. Breastfeeding lengthens the duration of amenorrhoea and postpartum abstinence delays the resumption of sexual relations. Women are considered as insusceptible if they are not exposed to the risk of pregnancy, either because they are amenorrhoeic or are still abstaining from sex following a birth.

The percentage of births whose mothers are postpartum amenorrhoeic, abstaining, and postpartum insusceptible is presented in Table 6.6 by the number of months since the birth. The estimates of the median and mean durations shown in the table are calculated from these current status proportions. The data are grouped by two-month intervals to minimize fluctuations in the estimates.

The results in Table 6.6 indicate the median duration of postpartum amenorrhoea is about 3 months. Eighty-nine percent of women are amenorrhoeic immediately following the delivery, but this value decreases to 53 percent starting from the second month after birth.

Table 6.6 Postpartum amenorrhoea, abstinence and insusceptibility

Percentage of births whose mothers are postpartum amenorrhoeic, abstaining and insusceptible, by number of months since birth, and median and mean durations, Turkey 1998

Months since birth	Amenorrrhoeic	Abstaining	Insusceptible	Number of births
<2	88.9	79.3	95.8	103
2-3	53.1	21.1	61.2	147
4-5	35.7	10.5	40.7	118
6-7	24.6	11.5	34.2	124
8-9	13.6	8.3	20.1	129
10-11	3,2	6.0	9.1	102
12-13	7.9	4,3	11.5	139
14-15	5.4	6.5	9.3	131
16-17	4,3	2.3	6.7	137
18-19	0.5	7.5	8.0	102
20-21	3.2	3.0	6.2	105
22-23	0.0	2.2	2.2	98
24-25	1.6	6.8	8.3	116
26-27	0.0	0.9	0.9	109
28-29	0.0	2.4	2.4	106
30-31	1.5	1.2	2.8	126
32-33	0.0	0.4	0.4	79
34-35	1.9	1.1	3.0	108
Total	14.3	9.7	18.7	2,078
Median	3.3	1.9	4.1	
Mean Prevalence/	5.2	3.9	6.7	-
Incidence mean ¹	5.1	3.4	6.6	-

¹ The prevalence/incidence mean is borrowed from epidemiology and is defined as the number of children whose mothers are amenorrhoeic (prevalence) divided by the average number of births per month (incidence).

In Turkey, traditionally there is a period of sexual abstinence after birth that lasts 40 days. The estimates of postpartum abstinence in Table 6.6 are in accordance with this tradition. Of all mothers, 79 percent abstain from sexual relations immediately following a birth. However, starting from the second month after a birth, the contribution of abstinence to the period of insusceptibility is greatly reduced since more women resume sexual relations. At 2-3 months following a birth, the percentage of abstaining mothers decreases to 21 percent and by 6-7 months to 12 percent (Figure 6.3).

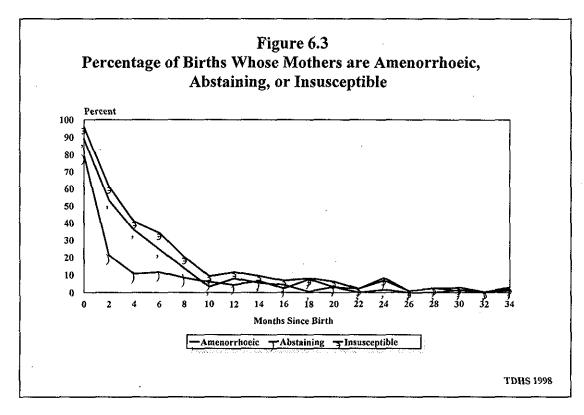


Table 6.7 shows the median duration of postpartum amenorrhoea, abstinence, and insusceptibility by background characteristics of mothers. In the absence of contraception, variations in the lengths of the periods of postpartum amenorrhoea and abstinence are the most important determinants of the interval between births and, ultimately, of completed fertility. In some populations, differentials across subgroups in the duration of postpartum amenorrhoea and abstinence also may indicate incipient changes in traditional postpartum practices. The average duration of postpartum abstinence does not vary greatly according to the background characteristics of women. However, some variation is observed in the duration of postpartum amenorrhoea by age, region, and level of education. Older women, women living in the South, and women with less than primary education have the longest median duration for postpartum amenorrhoea. It is noteworthy that the shortest duration for postpartum amenorrhoea, 2.8 months, is found in the Central region.

Differentials in the median duration of postpartum insusceptibility reflect the combined effects of amenorrhoea and abstinence. They exhibit a pattern similar to those for amenorrhoea. In general, women over 30, women living in the East and women with no education are insusceptible for relatively longer periods.

Table 6.7 Median duration of postpartum insusceptibility by background characteristics

Median number of months of postpartum amenorrhoea, postpartum abstinence, and postpartum insusceptibility, by selected background characteristics, Turkey 1998

Background characteristic	Postpartum amenorrhoea	Postpartum abstinence	Postpartum insuscep- tibility	Number of births
Age <30	3.0	1.7	3.8	1,460
30+	4.0	2.3	4.8	618
Residence				
Urban	3.2 3.4	1.9	4.1	1,290
Rural	3.4	1.8	4.2	788
Region West				
	3.2	2.0	3.3	617
South	3.8	1.9	3.9	288
Central	2.8	1.7	3.7	486
North	3.0	1.8	3.2	159
East	3.6	2.2	6.4	528
Education				
No educ./Pri. incomp.	4.2	2.0	6.1	525
Pri. comp./Sec. incomp.	3,1	1.9	6.1 3.6	1,300
Sec. comp./+	3.3	1.8	3.4	254
Total	3.3	1.9	4.1	2,078

6.5 Termination of Exposure to Pregnancy

Above age 30, the risk of pregnancy declines with age as increasing proportions of women become menopausal. Table 6.8 presents data on the proportion of women who are menopausal among non-pregnant, non-amenorrhoeic currently married women whose last menstrual period occurred six or more months preceding the survey. The percentage of women in menopause increases gradually with age, rising rapidly after age 45. At age 48-49, 43 percent of women are menopausal.

m . 1	m		
Table 6.X	erminat	ION OF A	VMACHTA TA
Lanic O.O.	i Citiiiia,	IVII VI V	APOSULV IO
the rick of	nreamana	1/	
the risk of	pregnanc	1011 01 0.	xposure to

Menopause indicator among currently married women age 30-49, by age,. Turkey 1998

Age	Menopause			
	Percentage	Number		
30-34	0.7	1,202		
35-39	2.7	1.081		
40-41	3.9	354		
42-43	11.2	364		
44-45	19.8	350		
46-47	29.3	269		
48-49	42.5	282		
Total	9.2	3,901		

Percentage of non-pregnant, nonamenorrhoeic currently married women whose last menstrual period occurred six or more months preceding the survey or who report that they are menopausal.

•				

CHAPTER 7

FERTILITY PREFERENCES

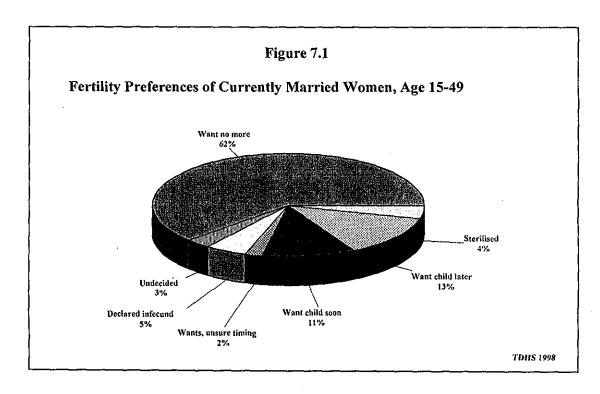
Turgay Ünalan and Elif Kurtuluş

This chapter addresses the following questions which allow an assessment of the need for contraception. Does the respondent want more children? If so, how long would he/she prefer to wait before the next child? If he/she could start afresh, how many children in all would he/she want? To what extent do unwanted or mistimed pregnancies occur? What effect would the prevention of such pregnancies have on the fertility rates?

7.1 Desire for More Children

Currently married women were asked to state their preferences on whether they want to have a(nother) child in the future, and if they so desired, the timing of the next birth. For pregnant women, the question on desire for more children was rephrased to refer to desire for another child after the one that they were expecting. In some cases, the answers of pregnant women with respect to preferred waiting time before the next birth may have included the remaining gestation period of the current pregnancy and, thus, may not be strictly comparable with the answers of non-pregnant women. Also, women who have been sterilised for contraceptive purposes were not asked about their desire for another child. However, for purposes of the fertility preference analysis, these women are classified as wanting no more children.

Two-thirds of currently married women said that they do not want to have a birth in the future or were already sterilised for contraceptive purposes (Figure 7.1). Another 14 percent wanted another child only after waiting two years or more. Thus, overall, four out of every five currently married women can be



regarded as in need of family planning either to avoid or to postpone childbearing. Among the remaining women, most want another birth soon (within two years). The proportion of currently married women who were undecided about having another child was only 3 percent while 5 percent were infecund.

Table 7.1 shows the variation in fertility preferences of both currently married women and husbands with the number of living children.¹ The proportion of currently married women who do not want to have additional births increases sharply with the number of children, from 2 percent for women with no children to 75 percent for women with two living children. In parallel with this increase, the proportion of currently married women who want to have more children decreases sharply. Among women with one child, the majority wants either to delay having another birth (45 percent) or to have no more children (26 percent). Husbands' fertility preferences are very similar to those of currently married women except that more husbands than women want to postpone their first birth (36 percent versus 14 percent, respectively).

D	Number of living children					
Desire for more children	0	1	2	3	4+	Tota
(CURREN	TLY MARR	IED WOME	EN		
Have another soon, ²	69.7	18.0	3.2	1.8	1.9	10.6
Have another later	13.6	45.4	9.0	3.5	0.8	13.6
Have another, undecided when	4.7	2.6	1.6	0.2	1.1	1.7
Undecided	1.1	5.3	4.0	1.3	0.6	2.8
Want no more	2.2	25.9	74.5	81.3	80.6	62.1
Sterilised	0.0	1.0	4.2	6.7	7.3	4.3
Declared infecund	8.7	2.5	3.5	5.2	7.7	4.9
Missing	0.0	0.1	0.0	0.0	1.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	453	1,162	1,867	1,128	1,310	5,921
		HUSBANI	os			
Have another soon, ²	47.6	19.5	3.0	3.9	2.4	10.3
Have another later ³	36.4	42.0	11.1	3.2	2.4	15.8
Have another, undecided when	1.4	2.7	1.7	0.4	1.6	1.6
Undecided	0.8	2.6	4.1	1.8	2.4	2.7
Wants no more	7.2	30.3	74.3	81.9	79.8	62.3
Husband/Wife sterilised	0.0	0.4	3.9	5.9	6.9	4.0
Husband/Wife declared infecund	6.5	2.2	1.9	3.0	4.4	3.2
Missing	0.2	0.1	0.0	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	187	372	566	334	512	1,971

¹ For pregnant women, the current pregnancy is included in the total number of children.

As Table 7.2 shows, the proportion wanting to limit childbearing (including those who are sterilised) increases rapidly with age. Among women age 20-24, one-third desired no more children and, among those age 25-29, 57 percent said they did not want another birth. The proportion wanting no more children peaks at nearly 90 percent among women age 35-39 before falling off as more women classify themselves as infecund.

Only about one-fourth of husbands age under age 30 want to have no more children. However, this proportion increases to 60 percent among husbands age 30-34 and to more than 80 percent among those age 40 and older. The intention to have a child soon or to postpone declines quickly with increasing age to below 10 percent among husbands age 40 and over.

Overall, for both women and husbands, education is negatively associated with the desire to stop childbearing. This is largely because those who are better educated are younger and have fewer children. Among those with two or more births, the percentage wanting no more children declines with increasing education.

		· · · · · · · · · · · · · · · · · · ·	P	ge of woma	an			
Desire for more children	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Have another soon,	30.2	19.2	16.0	9.7	4.8	2.3	1.1	10.6
Have another later ²	47.3	41.4	19.7	5.4	0.4	0.2	0.1	13.6
Have another, undecided when	4.1	2.4	2.4	2.2	0.8	0.6	0.0	1.7
Undecided	3.3	4.4	4.5	3.4	1.5	0.7	0.4	2.8
Want no more	15.1	32.1	55.0	71.9	80.7	79.7	69.5	62.1
Sterilised	0.0	0.3	1.8	5.9	7.1	7.0	5.9	4.3
Declared infecund	0.0	0.3	0.4	1.4	4.6	9.5	23.0	4.9
Missing	0.0	0.0	0.2	0.0	0.1	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	262	924	1,196	1,090	1,014	789	645	5,921
D 1 0		·	A	ge of husba	nd			 .
Desire for more								
children	15-24	25-29	30-34	35-39	40-44	45-49	50+	Total
Have another soon	20.1	24.4	10.2	7.8	5.3	2.1	4.4	10.3
Have another later ²	53.8	39.2	21.9	7.8	1.8	0.9	0.3	15.8
Have another, undecided when	1.2	3.7	2.1	0.9	1.5	0.8	0.0	1.6
Undecided	2.1	5.1	3.7	3.2	1.0	1.1	0.8	2.7
Want no more	21.6	26.9	57.0	74.2	80.5	81.9	78.8	62.3
Husband/Wife sterilised	1.2	0.2	3.2	5.2	6.8	6.9	3.3	4.0
Husband/Wife declared infecun		0.4	1.7	0.8	3.1	6.1	12.5	3.2
Missing	0.0	0.0	0.2	0.2	0.0	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	112	342	364	352	335	240	226	1,971

Table 7.3 shows that the desire to stop childbearing does not vary greatly by type of place of residence or region. The largest difference with respect to residential characteristics is for women with two living children, in particular when the regional differences are considered. More women living in urban areas and in the West region desire to stop childbearing compared to those in rural areas and in the East region. As regards the background characteristics very similar trends are observed for husbands. The largest differences in the proportions of husbands who want to stop childbearing are observed for those with two children. More husbands living in the urban areas and in the West desire to stop childbearing compared to those living in rural areas and in the South and Central.

D 1 1	Number of living children						
Background characteristic	0	1	2	3	4+	Total	
	CURREN	VTLY MAR	RIED WON	MEN			
Residence							
Urban	2.2	28.2	81.0	88.5	87.7	65.8	
Rural	2.1	20.1	73.3	87.2	88.2	67.5	
Region							
West	0.7	28.7	84.2	89.9	88.2	65.2	
South	2.0	18.5	76.4	82.2	88.7	63.9	
Central	5.5	27.5	78.9	93.1	91.0	69.7	
North	(1.3)	24. I	74.6	85.2	91.5	69.8	
East	2.3	21.8	59.8	80.7	83.9	64.5	
Education							
No educ./Pri. incomp.	4.6	31.2	70.2	82.3	86.0	74.5	
Prim. comp./Sec. incomp.	1.0	20.0	78.1	90.0	91.4	64.9	
Sec. comp./+	3.1	39.5	86.8	(92.1)	*	57.2	
Total	2.2	26.0	78.7	88.0	87.9	66.3	
		HUSBA	NDS				
Residence							
Urban	10.0	31.4	80.1	88.8	86.5	65.7	
Rural	0.0	28.7	72.8	85.7	86.9	67.8	
Region							
West	10.8	31.9	84.3	90.1	86.5	64.4	
South	(5.3)	(27.4)	68.4	80.2	90.0	65.7	
Central	(6.8)	32.8	78.9	95.0	86.8	68.9	
North	``*	*	(75.0)	(85.2)	90.0	69.1	
East	(0.0)	*	(58.9)	(78.9)	83.9	66.5	
Education							
No educ./Pri. incomp.	*	*	*	(93.7)	79.7	75.1	
Pri. comp./Sec. incomp.	6.3	27.3	78.6	88.0	89.0	68.2	
Sec. comp./+	5.9	35.0	78.5	84.9	89.9	58.2	
Total	7.2	30.7	78.3	87.8	86.7	66.3	

7.2 Need for Family Planning Services

Information on fertility preferences alone is not sufficient to assess the need for family planning services. Many women who do not want to have another child or who want to space the next birth are already using contraception or are not exposed to the risk of pregnancy because they are menopausal or infecund. In general, women who are currently married and who declare either that they do not want to have any more children (to limit their childbearing) or that they want to wait two or more years before having another child (to space their births), but are not currently using contraception, have an unmet need for family planning. The calculation of unmet need is further refined by excluding women who are currently amenorrhoeic and, therefore, not in need of family planning at present. Women with unmet need and those currently using contraception constitute the total demand for family planning.

The data in Table 7.4 indicate that 10 percent of currently married women in Turkey are in need of a family planning method, either for spacing (4 percent) or for limiting (6 percent). An additional 64 percent of currently married women are using contraception, (14 percent to delay the next birth and 50

Table 7.4 Need for family planning services

Percentage of currently married women with unmet need for family planning, met need for family planning, and the total demand for family planning services, by selected background characteristics, Turkey 1998

		net need fo		fam	et need for ily plannin ently using	g,	Tota fam	ıl demand ily plannir	for ng	Percentag of demand	e Number
Background characteristic	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	satis-	of women
Age 15-19 20-24 25-29 30-34 35-39 40-44 45-49 Residence	16.6 10.9 4.6 2.0 0.3 0.1 0.3	3.4 5.1 5.9 7.5 6.2 7.1 7.0	20.0 16.0 10.5 9.6 6.6 7.2 7.3	30.3 33.9 24.4 11.3 2.6 1.2 0.0	3.2 19.0 42.6 63.0 73.7 68.8 41.4	33.6 52.9 67.0 74.3 76.3 70.0 41.4	51.1 47.3 30.4 13.4 3.0 1.3 0.3	6.6 25.2 49.4 71.8 80.5 76.1 48.5	57.7 72.5 79.8 85.3 83.5 77.4 48.8	77.9 86.8 88.8 92.2 90.7	262 924 1,196 1,090 1,014 789 645
Urban Rural	3.3 5.0	5.2 8.5	8.5 13.5	15.6 11.5	51.1 46.5	66.7 58.1	19.8 17.4	56.9 56.1	76.7 73.5		3,978 1,943
Region West South Central North East	2.3 4.1 3.2 3.0 8.9	3.4 5.9 5.9 5.4 14.9	5.7 10.0 9.2 8.4 23.8	17.2 13.2 14.2 12.1 9.1	53.4 47.1 54.1 54.9 32.9	70.5 60.3 68.3 67.0 42.0	20.4 18.3 18.3 16.0 18.8	57.1 53.9 60.7 61.3 49.3	77.4 72.2 79.0 77.3 68.1	86.1	2,261 851 1,426 474 909
Education No educ./Pri. incomp. Pri. omp./Sec. incomp. Sec. comp./+	3.8 3.9 3.7	11.9 4.8 2.3	15.7 8.7 6.1	4.0 16.2 25.5	46.4 51.0 49.8	50.4 67.1 75.3	8.1 21.1 30.5	58.9 56.6 52.5	67.0 77.7 82.9	88.8	1,546 3,570 804
Total	3.8	6.3	10.1	14.3	49.6	63.9	19.0	56.6	75.6	86.6	5,921

Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorroheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning but say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrhoeic women whose last child was unwanted, and women who are neither pregnant nor amenorrhoeic and who are not using any method of family planning but want no more children. Excluded from the unmet need category are menopausal or infecund women.

Using for spacing is defined as women who are using some method of family planning and say they want to have another child or are undecided whether to have another. Using for *limiting* is defined as women who are using and who want no more children. Note that the specific methods used are not taken into account here.

³ Total demand for family planning includes pregnant or amenorrhoeic women who became pregnant while using a method (method failure.

percent to stop childbearing). Another 2 percent of women had become pregnant while using a method and, thus, are considered to be in a need of a better method (not shown separately in table). Thus, the total demand for family planning among currently married women in Turkey is 76 percent, 19 percent for spacing purposes and 57 percent for limiting purposes. As was in the TDHS-93, 87 percent of the total demand has been satisfied.

The overall unmet need for family planning declines with increasing age. Unmet need for spacing purposes is higher among the younger women, while unmet need for limiting childbearing is higher among the older women. The level of unmet need is also more pronounced among rural women, among women in the East, and among uneducated women. The percentage of the total demand that is satisfied is higher for urban women, women living in the West, and for educated women.

7.3 Ideal and Actual Number of Children

The tables examined so far in this chapter take into account the number of sons and daughters that women and husbands already have. In order to ascertain what the respondents consider to be the ideal number of children (i.e., their desired family size), TDHS respondents were asked "If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?" Table 7.5 presents the ideal number of children according to the number of living children. A strong desire for a two-child family is evident. Fifty-seven percent of women and 52 percent of husbands consider two children to be the ideal family size. Three-child families are preferred by 19 percent of women and 22 percent of husbands. The mean ideal number of children is 2.5 among currently married women and 2.7 among husbands. (The comparable figure from the TDHS–93 was 2.4 for currently married women.)

The mean ideal number of children increases with the number of living children for both women and husbands (from 2.2 to 3.0 among currently married women and from 2.4 to 3.6 among husbands). The reason is twofold. First, to the extent that women or husbands implement their preferences, those who want larger families tend to achieve larger families. Second, women or husbands may adjust upwards their ideal family size, as the actual number of children increases (i.e., as a result of rationalisation).

Table 7.5 Ideal and actual number of children

Percent distribution of currently married women and husbands by ideal number of children and mean ideal number of children for all women and currently married women and men, according to number of living children, Turkey 1998

Ideal number		Numbe	r of living c	hildren		
of children	0	1	2	3	4+	Total
		WOME	N		 	
)	0.0	0.0	0.4	0.1	0.8	0.3
1	11.4	10.8	5.2	7.1	2.6	6.6
2 3 4 5	60.7	66.5	67.9	46.2	41.0	57.0
3	16.9	16.8	16.2	29.2	16.8	19.0
1	5.6	3.2	6.6	12.2	22.8	10.5
	0.5	0.7	0.9	1.0	3.7	1.5
5+	0.5	0.3	0.5	0.8	4.4	1.4
Non-numeric response	4.3	1.9	2.3	3.3	7.8	3.8
Total .	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	453	1,162	1,867	1,128	1,310	5,921
4.11						
All women Mean ideal number	2.1	2.2	2.2	2.6	3.0	2.4
Number of women	2,716	2.2	2.3			
Number of women	2,710	1,195	1,901	1,132	1,271	8,215
Currently married women						
Mean ideal number	2.2	2.2	2.3	2.6	3.0	2.5
Number of women	434	1,140	1,824	1,091	1,208	5,696
		HUSBAN	DS			
)	0.0	1.2	0.8	0.4	1.0	0.8
·	7.5	12.3	5.3	6.2	2.6	6.3
2	54.3	60.8	66.6	40.7	34.3	51.6
3	24.1	19.0	15.7	37.2	19.7	21.8
2 3 4 5	5.9	3.3	6.6	8.1	18.8	9.3
	1.9	0.4	1.6	0.6	3.2	1.6
6 +	0.4	1.1	1.3	2.9	9.9	3.7
Non-numeric response	5.9	2.1	2.0	3.9	10.6	4.9
Total .	100.0	100.0	100.0	100.0	100.0	100.0
Number of husbands	187	372	566	334	512	1,971
Mean ideal number	2.4	2.2	2.4	2.7	3.6	2.7
Number of husbands	176	365	555	321	458	1,874

Note: The means exclude women/husbands who gave non-numeric responses includes current pregnancy.

Table 7.6 presents the mean ideal number of children for currently married women and husbands by age and selected background characteristics. Mean ideal family size increases with age; from 2.3 children among women age 15-19 to 2.7 children among women age 45-49 and from 2.6 children among husbands age 15-19 to 3.3 among husbands age 50 or over. The mean ideal number of children is higher among women and husbands living in rural areas, in the East, and among less educated women and husbands. Husbands tend to have a somewhat higher ideal family size than women regardless of the background characteristic examined.

	Age of woman							
Background characteristic	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Total
Residence			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.,
Urban	2.3	2.3	2.3	2.4	2.5	2.6	2.5	2.4
Rural	2.3	2.6	2.5	2.5	2.6	2.8	2.8	2.6
Region								
West	2.1	2.1	2.2	2.3	2.4	2.3	2.3	2.3
South	2.6	2.5	2.4	2.6	2.6	2.8	3.0	2.6
Central	2.1	2.3	2.2	2.4	2.4	2.6	2.7	2.4
North	2.2	2.2	2.2	2.4	2.3	2.5	2.8	2.4
East	2.5	2.8	3.0	3.1	3.1	3.8	3.4	3.1
Education								
No educ./Pri. incomp.	2.6	2.8	3.1	2.9	2.8	3.0	3.0	2.9
Pri. comp./Sec. incomp.		2.3	2.3	2.4	2.5	2.4	2.4	2.4
Sec. comp./+	2.4	2.1	2.0	2.2	2.2	2.2	1.9	2.1
Total women	2.3	2.4	2.4	2.5	2.5	2.6	2.7	2.5
			Ag	e of husbar	ıd		- 	
	15-24	25-29	30-34	35-39	40-44	45-49	50+	Total
Residence		· · · · · · · · · · · · · · · · · · ·						
Urban	2.6	2.4	2.6	2.6	2.9	2.6	3.1	2.7
Rural	(2.6)	2.6	2.7	2.6	2.7	2.8	3.6	2.8
Region								
West	(2.4)	2.3	2.4	2.3	2.3	2.2	2.6	2.3
South	*	2.8	3.1	3.4	2.6	2.5	3.8	3.0
Central	(2.6)	2.4	2.5	2.3	2.5	2.7	2.3	2.5
North	*	2.8	2.5	2.9	2.9	2.6	2.4	2.7
East	(3.2)	3.0	3.6	3.4	5.2	4.4	4.6	4.0
Education								
No educ./Pri. incomp.	*	*	*	(3.3)	(5.2)	(4.4)	4.0	4.1
Pri. comp./Sec. incomp.		2.6	2.6	2.7	2.7	2.4	3.0	2.6
Sec. comp./+	2.4	2.2	2.6	2.4	2.4	2.4	2.6	2.4
•			2.6	2.6	2.8	2.6	3.3	2.7

7.4 Fertility Planning

Women were asked a series of questions for each child born in the preceding five years and any current pregnancy to determine whether the particular pregnancy was planned (wanted then), unplanned (wanted later), or not wanted at all (wanted no more). These questions form a potentially powerful indicator of the degree to which couples successfully control childbearing. However, the questions are extremely demanding. The respondent is required to recall accurately her wishes at one or more points in the last five years and to report them honestly. The danger of rationalisation is present; an unwanted conception may well become a cherished child. Therefore, the values presented here are likely to be underestimates of unwanted fertility.

Table 7.7 is a birth-based rather than a woman-based table and provides perhaps the single most useful indicator of the degree of successful reproductive control exercised by couples in the recent past. Overall, 69 percent of births in the past five years were wanted at the time they were conceived, whereas 11 percent were wanted later and 19 percent were not wanted at all. The proportion of births that are reported as not wanted increases with birth order and mother's age at birth. Nearly half of the women who have four or more children or are 35 years or older reported that their last child was not wanted. The proportion of mistimed births is highest among women with two children and those under age 19.

Birth order		Planning sta	atus of birth	<u> </u>		Number
and mother's age at birth	Wanted then	Wanted later	Not wanted	Missing	Total	of births
Birth order						
1	87.0	10.0	2.1	0.9	100.0	1,343
2 3	70.8	19.1	9.3	0.9	100.0	1,093
	60.5	10.2	29.0	0.3	100.0	591
4+	45.7	4.1	49.6	0.7	100.0	863
Age at birth						
<19	74.8	18.8	6.1	0.3	100.0	554
20-24	74.7	14.3	10.3	0.8	100.0	1,421
25-29	68.9	9.6	20.6	0.9	100.0	1,042
30-34	61.3	4.9	32.8	1.1	100.0	590
35-39	49.9	0.5	49.3	0.3	100.0	220
40-44	47.7	1.1	51.2	0.0	100.0	61
45-49	*	*	*	*	100.0	3
Total	69.2	11.2	18.8	0.7	100.0	3,891

Another way of measuring the extent of unwanted fertility is to estimate what the fertility rate would be if all unwanted births were avoided. This rate, known as the wanted fertility rate, is calculated in a similar manner as the total fertility rates presented in Chapter 3. The Lightbourne method of calculating a "wanted" birth is used for Table 7.8. Under the Lightbourne method, a birth is considered wanted if the number of living children at the time of conception was less than the current ideal number of children, as reported by the respondent. Births classified as unwanted according to above definition are omitted from the numerator and the remainder is cumulated to form a wanted total fertility rate which is analogous to the conventional total fertility rate. This rate represents the level of fertility that

theoretically would result if all unwanted births were prevented. Comparison of actual rates with wanted rates indicates the potential demographic impact of the elimination of unwanted births.

Table 7.8 presents the total wanted fertility rate and the total fertility rate by selected background characteristics. The total wanted fertility rate is 1.9 births per women compared to the total fertility rate of 2.6 (1.8 and 2.7 in 1993 TDHS, respectively). The differences between the wanted and the actual fertility rates are greatest for women living in rural areas, in the East, and among women who have no or less than a primary education.

Table 7.8 Wanted fertility rates

Total wanted fertility rates and total fertility rates for the three years preceding the survey, by selected background characteristics, Turkey 1998

Background characteristic	Total wanted fertility	Total fertility rate
Characteristic	rate	rate
Residence		
Urban	1.9	2.4
Rural	2.1	3.1
Region		
West	1.7	2.0
South	1.9	2.6
Central	2.0	2.6
North	1.9	2.7
East	2.7	4.2
Education		
No educ,/Pri. incomp.	2.4	3.9
Pri. comp./Sec. incomp.	2.0	2.6
Sec. comp./+	1.5	1.6
Total	1.9	2.6

Note: The total fertility rates are the same as those presented in Table 3.2.

CHAPTER 8

INFANT AND CHILD MORTALITY

Attila Hanc10ğlu

The level of early childhood mortality is an important indicator of the level of development of a society, particularly of the prevailing health conditions. Thus, infant mortality rates and under-five mortality rates are used to assess the level of development, commonly as part of composite indexes. The use of these rates is not limited to such assessments; they are also important in making informed decisions about health and population policies and programs. They can be used to identify population groups facing higher mortality risks, who should be priority targets in efforts to increase child survival. They also are used in making population projections.

This section focuses on the findings of the TDHS-98 with respect to mortality during infancy and early childhood. In the absence of alternative estimates of such rates from other sources, (e.g. a vital registration system), sample surveys in Turkey serve as the main data source for obtaining direct estimates of infant and child mortality. Hence, the results of the TDHS-98 are critical for the reassessment of policies and strategies for the improvement of survival chances of children in Turkey.

8.1 Definitions of Infant and Child Mortality

All ever-married female respondents in the TDHS-98 were asked to provide a complete birth history, including the sex, birth date, survival status, and current age or age at death for each of their live births. The data were used to calculate five measures of infant and child mortality, namely:

- Neonatal mortality, the probability of dying in the first month of life
- Post-neonatal mortality, the probability of dying after the first month of life but before the first birthday
- Infant mortality (190), the probability of dying in the first year of life
- Child mortality (4q1), the probability of dying between the first and fifth birthday
- Under-five mortality (5q0), the probability of dying before the fifth birthday.

8.2 Assessment of Data Quality

Like all other demographic or health indicators from the TDHS-98, infant and child mortality rates are subject to both sampling and non-sampling errors. While the measurement of sampling errors is relatively easy, non-sampling errors are difficult to detect and correct for. Non-sampling errors cover a wide range of errors, involving under-reporting of births and deaths, errors by the interviewers in recording responses, and so forth. International research has shown that infant and child mortality estimates from sample surveys are particularly susceptible to such errors. The first step in the consideration of the TDHS mortality data is to look for evidence of non-sampling errors in order to assess whether information collected in the TDHS-98 on infant and child mortality are of acceptable quality.

One of the most powerful interviewing tools for collecting information on births and deaths is the birth history. However, birth histories are subject to respondent recall errors, and these errors may result in biased rates and trends over time. Therefore, a preliminary assessment of the quality of birth history data is made in this section with respect to completeness and accuracy of date reporting, heaping of age at death, and sex-selective omission of births.

A commonly encountered problem in birth history data is unreported birth dates and ages at death. The TDHS-98 interviewers were required to obtain full information on birth dates (i.e., month and year of birth) for births in the 5 years immediately preceding the survey. Table D.4 shows that complete information on birth dates were indeed collected for almost all births in this period. There is somewhat greater deterioration in the completeness of birth date information the further back one goes from the survey date. Overall, the percentage of live births in the 15 years preceding the survey for which information on month of birth was missing is 9 percent; this figure is relatively high, especially when compared to the results of the 1993 TDHS (2 percent). Both month and year of birth were missing for less than one percent of all live births in the 15-year period before the TDHS. Unreported ages at death also were not common in the TDHS data; less than one percent of deaths recorded in the birth histories lacked an age at death. Thus, with respect to the completeness of the information collected on dates of birth and ages at death, the TDHS appears to be of good quality.

A further assessment of the data suggests there is some evidence of heaping. In particular, Table D.4 shows that there is a deficit of births in the TDHS in the calendar year 1993 and an excess of births in calendar year 1992. This pattern is one found in the 1993 TDHS, as well as DHS surveys in other countries. It is thought to result, at least partly, from the transference of births by interviewers out of the period for which health and calendar data were collected (January 1993 through the date of the survey) in order to reduce their workload.

A problem common to most retrospective surveys is heaping of age at death on "convenient" digits, for example, 6, 12, and 18 months. This phenomenon may lead to the calculation of biased rates, especially if, as a net result, deaths are shifted from one age segment to another. In this regard, one critical shift would be to record infant deaths as child deaths, by respondents heaping the age at death on 12 months, or by interviewers recording ages of death as "1 year". Heaping of age at death at 12 months in the TDHS-98 was minimal, especially in the last 5-year period (see Table D.6). A simulation model was applied to the data to see if the heaping of age at death on 12 months that was evident would bias estimates of infant mortality. The results indicated that any bias in the infant mortality rate from heaping would be less than 5 percent. The rates presented here are therefore unadjusted; that is, all deaths reported at 12 months or "1 year" are assigned to the post-infant age period. Similar results were obtained in the 1993 TDHS; however, the amount of heaping on 12 months (indicating a possible shift of age at death from infancy to childhood) was slightly lower in the 1993 survey.

Another check that can be performed to assess the reliability of birth history data is to calculate sex ratios at birth for all live births. These ratios are expected to fluctuate around 105 male births per 100 female births. Table D.4 shows that the overall sex ratio for all births in the birth history is 105.6, which is in line with expectations. However, the sex ratio of live births during the 5-year period before the TDHS-98 is somewhat higher than expected (108.4), and those for the prior two five-year periods also are in excess of 105. While higher than expected, nevertheless, the ratios for these periods are within acceptable limits for sample surveys and are not likely to bias mortality rates considerably.

8.3 Levels and Trends in Infant and Child Mortality

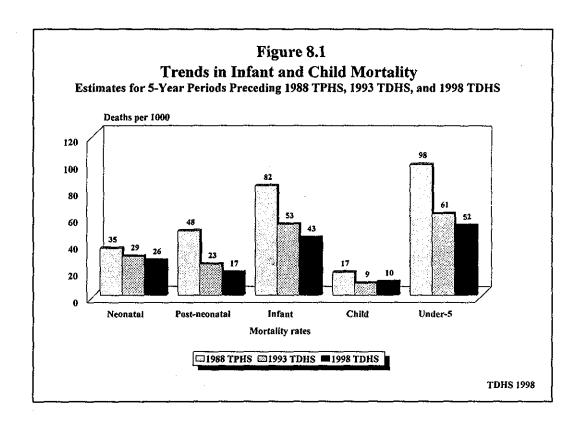
The first panel of Table 8.1 presents infant and child mortality rates for periods 0-4, 5-9, and 10-14 years preceding the 1998 TDHS. These periods refer approximately to calendar periods of 1993-1998, 1988-1993, and 1983-1988, respectively. The estimated infant mortality rate for the most recent period (0-4 years preceding the survey) is 43 per 1,000 live births. Sixty percent of infant deaths occurred during the neonatal period (i.e.: during the first four weeks of life). Child mortality is found to be approximately 10 per 1,000. The results also show that the probability of dying before the fifth birthday is around 52 per 1,000.

Years preceding survey	Approximate reference period	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (1 q 0)	Child mortality (491)	Under-five mortality (sqo)				
1998 TDHS			· · · · · · · · · · · · · · · · · · ·							
0-4	1993-1998	25.8	16.9	42.7	9.8	52.1				
5-9	1988-1993	30.1	23.9	54.0	14.0	67.2				
10-14	1983-1988	32.4	37.2	69.7	17.0	85.5				
1993 TDHS										
0-4	1988-1993	29.2	23.4	52.6	8.8	60.9				
5-9	1983-1988	44.6	36.9	81.5	16.8	96.9				

The TDHS-98 confirms a major finding of the 1993 TDHS that most of the deaths before the first birthday in Turkey now occur before the first month. In other words, accompanying the general improvements of mortality, a pattern has evolved in which neonatal mortality rates have begun to exceed post-neonatal mortality rates. An examination of the variation in mortality rates by age segments also reveals that a large proportion of under-five deaths occurs before the first birthday (82 percent). This finding is also consistent with previous information on the pattern of under-five mortality in Turkey, including the results of the 1993 TDHS. It is also characteristic of other countries in which child mortality levels have declined sharply.

The figures in Table 8.1 confirm the relatively fast pace of decline in infant and child mortality rates in Turkey. For the two most recent periods, major declines in post-neonatal mortality (29 percent) and child mortality (30 percent) have taken place. The rate of decline for the neonatal mortality rate has been somewhat slower (14 percent). The infant mortality rate has declined by 21 percent.

Table 8.1 also presents comparable mortality estimates from the 1993 TDHS. Such comparisons are useful for further assessing the quality of data, as well as confirming the observed trends. Since the two surveys are exactly five years apart, rates can be calculated for almost exactly the same periods from the two surveys, as indicated in the table. Comparing the estimates of the two surveys for the 1988-93 period, the consistency is impressive; neonatal, post-neonatal and infant mortality rates differ by only less than 1.5 per thousand, while child mortality and under-five mortality estimates differ by 5-6 per thousand. Such differences are negligible in the context of comparisons based on sample survey data, and are statistically not significant. Comparing the estimates from the two surveys for the 1983-88 period, however, there are more evident differences, not only in terms of the overall levels, but also in the indicated underlying age patterns. For this period, the 1993 TDHS found higher neonatal mortality than post-neonatal mortality, while, in the TDHS-98, the opposite pattern was observed. The results of an independent data source, the 1988 TPHS, are closer to those of the 1993 TDHS (shown in Figure 8.1). Given the truncated nature of the results of the TDHS-98 for this period, these results are not surprising and they suggest the need for caution in using the mortality data from TDHS 98 for the period 10-14 years preceding the survey.



8.4 Differentials in Infant and Child Mortality

Table 8.2 presents the mortality rates by urban-rural residence, region, level of mother's education, and use of medical maternity care (antenatal care and delivery care) for the five-year period preceding the survey. The figures should be interpreted with caution, since they are based on a small number of observations and are, therefore, statistically unstable. The infant mortality rate in the rural areas is about 56 percent higher than in urban areas (55 and 35 per 1,000, respectively). While neonatal rates for urban and rural areas are quite close, rural post-neonatal and child mortality rates are 2.2 and 1.8 times higher than urban rates, respectively. In both rural and urban areas, neonatal mortality rates are higher than post-neonatal mortality rates.

Infant and under-five mortality rates are lower than the national average in the West and South regions, close to the national average in the Central and North regions, and more than 40 percent higher than the national average in the less-developed East region. Post-neonatal mortality is lowest in the West and highest in the East. In all regions, neonatal mortality is either higher than or very close to post-neonatal mortality.

The relationship between survival chances of children and the level of education of their mothers is well known. The 1998 TDHS results confirm this relationship. For all measures of mortality, probabilities of dying are lower for children of mothers with higher educational levels. For children whose mothers have less than primary education completed, the under-5 mortality rate is 73 per thousand, 67 percent higher than children whose mothers are at least primary school graduates. Differences of similar magnitudes are also observed in other measures. The mortality advantage in favour of children of more educated mothers especially after the first month of life, once again exhibits the importance of the impact education has on child care.

Table 8.2 Neonatal, post-neonatal, infant, child, and under-five mortality by socioeconomic characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality for the five-year period preceding the survey, by socioeconomic characteristics, Turkey 1998

Socioeconomic characteristic	Neonatal mortality (NN)	Post- neonatal mortality (PNN)	Infant mortality (1 Q 0)	Child mortality (4Q1)	Under-five mortality (5 Q 0)
Residence	 				*****
Urban	23.5	11.7	35.2	7.5	42.4
Rural	29.6	25.4	55.0	13.7	68.0
Region					
West	25.3	7.5	32.8	5.6	38.3
South	16.8	15.9	32.7	10.7	43.0
Central	26.8	14.5	41.3	8.7	49.6
North	19.7	22.4	42.0	8.9	50.5
East	32.6	28.9	61.5	15.4	75.9
Education					
No educ./Pri. incomp.	34.9	25.5	60.5	13.7	73.4
Pri. comp./+	22.4	13.6	36.1	8.1	43.9
Medical maternity care					
Received no ANČ or DS	37.3	57.9	95.2	-	-
Received either ANC or DS	26.2	23.9	50.2	-	-
Received both ANC and DS	23.2	5.4	28.6	•	•
Total	25.8	16.9	42.7	9.8	52.1

Medical maternity care is also an important factor in the reduction of mortality rates. Infant and child mortality appears to be especially low if the mother has both received antenatal care and delivery care from trained health professionals. In cases when neither care has been provided, infant mortality is as high as 95 per thousand. When either antenatal care or delivery care is obtained, mortality rates decline considerably. Obtaining medical care appears to be especially significant in the improvement of survival chances after the first month of life. Lack of medical care does not seem to significantly elevate mortality risks during the first month of life; however, selection factors are clearly operating in this case (women with problematic pregnancies receiving medical care) and the differentials should be interpreted with caution.

Shown in Table 8.3 are differentials in infant and child mortality by various biodemographic characteristics. In order to base the calculations on sufficient numbers of deaths and exposure, the rates are calculated for the 10-year period before the survey.

The influence of various biodemographic characteristics on survival chances of infants is well documented, and the TDHS-98 results confirm most of the expected relationships. Male mortality rates are higher than those for females during the neonatal period, but higher for females after the neonatal period through age 5. This finding is consistent with the findings of the 1993 TDHS, as well as previous studies on the sex differentials of infant and child mortality in Turkey (Ministry of Health et al, 1994). Table 8.3 also shows that children of teenage mothers, high-birth-order children, and children born following a short birth interval are at greater risk of dying than those in other subgroups. The differentials are especially pronounced in the case of short birth intervals.

Table 8.3 Neonatal, post-neonatal, infant, child, and under-five mortality by biodemographic characteristics

Neonatal, post-neonatal, infant, child, and under-five mortality for the ten-year period preceding the survey, by selected biodemographic characteristics, Turkey 1998

Biodemographic characteristic	Neonatal mortality (NN)	Post- neonatal mortality (PNN)	Infant mortality (1 q 0)	Child mortality (4Q1)	Under-five mortality (5Q0)
Sex of child					
Male	32.0	19.1	51.0	10.4	60.9
Female	23.6	21.9	45.5	13.4	58.3
Age of mother at birth					
Less than 20	28.3	25.3	53.5	14.6	67.4
20-29	28.7	18.3	47.0	11.1	57.6
30-39	21.9	22.8	44.6	12.0	56.1
40-49	85.8	25.5	111.4	9.7	120.0
Birth order					
1	27.9	11.1	39.1	8.2	46.9
2-3	26.9	18.9	45.8	8.7	54,1
4-6	35.1	34.6	69.7	18.7	87.0
7+	18.2	36.0	54.3	26.4	79.2
Previous birth interval					
< 2 years	43.8	47.5	91.3	24.1	113.2
2-3 years	14.8	19.2	34.1	12.7	46.3
4 years or more	26.0	7.2	33.1	2.9	35.9
Size at birth ¹					
Small or very small	37.4	24.8	62.2	• -	-
Average or larger	17.4	12.2	29.6	_	-

Children's weight at birth is closely associated with their chances of survival, especially during the neonatal period. Children reported by mothers as "small or very small" at birth were at more than twice the risk of dying compared with children whose birth weight was reported as being "average or larger than average."

8.5 High-risk Fertility Behaviour

As the findings in the previous section indicate, a strong relationship exists between a mother's pattern of fertility behavior and her children's survival chances. Infants and young children born to very young mothers or to older mothers, born after a short birth interval, or born after their mothers have already had many children face higher mortality risks. In the following analysis, mothers are classified as "too young" if they were less than 18 years old at the time of the birth, and "too old" if they were 34 or older at the time of the birth. A "short birth interval" is defined as less than 24 months, and a "high birth order" as one occurring after three or more previous births. Additionally, deaths may be more likely among first order births than higher order births, but such births are not avoidable. For this reason, first births are included in Table 8.4 to show elevated risks associated with them, but excluded from the high-risk categories.

Column 1 in Table 8.4 shows the percentage of children born in the five years preceding the survey who were in specific risk categories. Risk ratios are also presented for each of the risk categories (see column 2, Table 8.4). Here, a risk ratio here is defined as the ratio of the proportion dead among children in a risk category, to the proportion dead among children *not in any high-risk category*. The latter group includes children whose mothers were age 18-34 at delivery, who were born after an interval of 24 or more months after the previous birth, and who are parity of 2 or 3.

Table 8.4 High-risk fertility behaviour

Percent distribution of children born in the five years preceding the survey by category of elevated risk of dying, and the percent distribution of currently married women at risk of conceiving a child with an elevated risk of dying, by category of increased risk, Turkey 1998

		n 5 years the survey	Percentage of currently	
Risk category	Percentage of births Risk ratio		married women	
Not in any high-risk category	29.9	1.00	27.1 ^b	
Unavoidable risk category (First births)	29.9	1.14	8.2	
Single high-risk category Mother's age <18 Mother's age >34 Birth interval <24 months Birth order >3	4.4 1.9 10.9 12.4	(1.77) (0.28) 2.15 1.35	0.6 13.6 9.3 9.4	
Subtotal	29.6	1.64	33.0	
Multiple high-risk category c Age <18 & birth interval <24 months Age >34 & birth interval <24 months Age >34 & birth order >3 Age >34 & birth interval <24 months & birth order >3 Birth interval <24 months & birth order >3 Birth interval <24 months	0.5 0.2 4.5 0.7 4.7	1.93 4.42 1.31 4.51 4.21	0.2 0.3 26.1 1.2 3.9	
Subtotal	10.6	2.91	31.8	
In any high-risk category	40.2	1.97	64.7	
Total Number of births	100.0 3,459	-	100.0 5.921	

Note: Risk ratio is the ratio of the proportion dead of births in a specific high-risk category to the proportion dead of births not in any high-risk category.

Forty percent of children born in the five years preceding the survey were at elevated risk of dying at the time of their birth. First births are not included in this figure. Among all children, 30 percent had an increased risk due to a single risk category, and 11 percent had an increased risk due to multiple factors. It is evident from the table that high birth order and short birth intervals are major factors contributing to elevated risks of mortality. More than a fifth of children born in the last five years were of high birth orders, while 17 percent were born after a short interval.

Children whose mothers were in a single high-risk category faced mortality risks 64 percent more than those who mothers were in none of the risk categories. For those in a multiple high-risk category, relative mortality risks were up to 2.9 times the risks faced by children not in any risk category (Column 2, Table 8.4). The table shows that children born after a short birth interval faced more than twice the risk of dying compared to those in the no-risk category.

Women were assigned to risk categories according to the status they would have at the birth of a child, if the child were conceived at the time of the survey: age less than 17 years and 3 months, age older than 34 years and 2 months, latest birth less than 15 months ago, and latest birth of order 3 or higher.

⁽⁾ Figures in parentheses are risk ratios based on less than 22 observations.

Includes sterilised women

c Includes the combined categories Age < 18 and birth order > 3.

The final column of Table 8.4 includes the distribution of currently married women according to category of increased risk they would have been in if they had conceived at the time of the survey. A woman's current age, time elapsed since last birth, and parity are used to determine into which category her next birth would have fallen if she had conceived at the time of the survey. For example, if a woman age 37 who had five children and had had her last birth three years before the survey were to have become pregnant, she would have fallen into the multiple risk category of being too old (35 or older) and at too high a parity (4 or more children). Women who have been sterilised are categorised as not being in a high-risk category.

Sixty-five percent of women who were married at the time of the TDHS-98 were found to be at risk of conceiving a child with an increased risk of dying. Only 27 percent of women fell into none of the risk categories. Thirty-two percent of women fell into a multiple risk category. As indicated in the second column of the table, if a woman in this category were to conceive, the survival chances of a child would be considerably lower than those of births to women not in the risk categories. The largest group of women fell into the multiple risk category where the child to be born would have had, at the time of birth, a mother who was older than 34 and who already had at least three births.

CHAPTER 9

MATERNAL AND CHILD HEALTH

Banu Akadlı Ergöçmen

This chapter presents findings concerning maternal and child health in Turkey. Information is presented on maternal care during pregnancy and delivery, vaccinations of children, and diarrhoea and its treatment. Data were obtained for all live births that occurred in the five years preceding the survey.

9.1 Antenatal Care and Delivery Assistance

Aspects of antenatal care (ANC) that are examined include the type of provider, the number of visits made, the stage of pregnancy at the time of the first visit, and the number of the tetanus toxoid (TT) doses received. Similarly, the delivery services are described according to the person assisting and the type and place of delivery.

Source of Antenatal Care

Table 9.1 shows the percent distribution of live births in the five years preceding the survey by source of ANC received during pregnancy, according to the maternal background characteristics and birth order. The interviewers were instructed to record all responses if more than one source of ANC was mentioned for the same pregnancy. However, for this tabulation, only the provider with the highest qualifications is considered if there were more than one response.

As seen in Table 9.1, 68 percent of the mothers received at least one ANC visit from trained health personnel. The share of the doctor is more than 60 percent and it worth noting that proportion of mothers seeing a doctor for ANC has increased by 13 percent since the previous survey conducted in 1993. On the other hand, nearly one-third of the mothers did not receive any ANC.

There are marked differences in ANC by background characteristics. Younger mothers are more likely to seek ANC from trained health personnel than women over age 35 (Figure 9.1). In the case of almost half of the births to women age 35 and over, the mother did not receive any ANC. The differences in the proportions of live births with ANC according to birth order are also striking. Receiving ANC declines as the birth order increases. Children of birth order three or lower are around twice as likely to have received ANC than births of order six or higher.

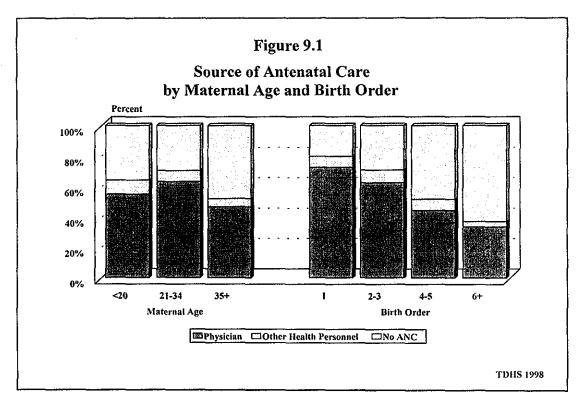
There are substantial residential and regional variations in ANC (Figure 9.2). Mothers living in urban settlements are more likely to have ANC from trained health personnel than those living in rural areas (78 percent and 51 percent, respectively). For almost half of rural births in the five years preceding the survey, the mother did not receive any ANC. Antenatal care coverage exceeds 67 percent in all regions except the East, where it was received by mothers for 38 percent of the births in the five years prior to the survey. The use of antenatal care services is strongly associated with mother's education. Almost all births to women with at least secondary level education received antenatal care, while only one-third of women with less than primary education got any antenatal care.

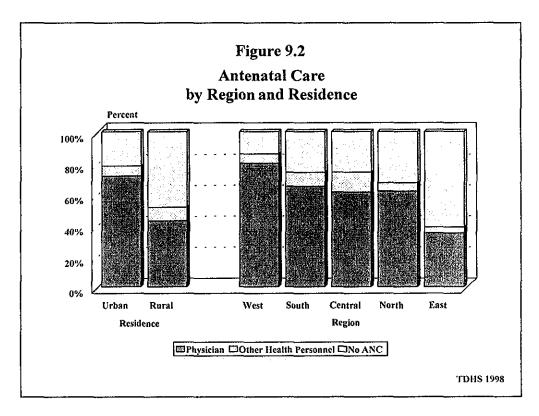
Table 9.1 Antenatal care

Percent distribution of births in the five years preceding the survey by source of antenatal care (ANC) during pregnancy, according to selected background characteristics, Turkey 1998

			Antenatal car	re provider		
Background characteristic	Doctor	Trained nurse/ Midwife	Traditional birth attendant	No one	Missing	Total
Age at birth < 20 20-34 35+	54.4 62.6 46.3	9.1 7.2 5.3	1.0 0.5 0.5	35.5 29.3 47.6	0.1 0.5 0.3	100.0 100.0 100.0
Birth order 1 2-3 4-5 6+	72.1 61.7 43.4 33.1	7.1 8.3 7.2 3.5	0.4 0.6 0.8 0.5	20.1 29.0 47.6 62.4	0.3 0.4 0.9 0.5	100.0 100.0 100.0 100.0
Residence Urban Rural	71.1 42.1	6.6 8.5	0.4 0.9	21.7 47.9	0.3 0.6	100.0 100.0
Region West South Central North East	79.5 63.4 61.0 61.5 34.4	6.0 8.8 12.7 5.2 3.7	0.1 2.0 0.2 0.0 0.7	13.9 25.4 25.8 32.6 60.6	0.4 0.4 0.2 0.6 0.6	100.0 100.0 100.0 100.0 100.0
Education No educ./Pri, incomp. Pri, comp./Sec. incomp. Sec. comp./+	32.0 66.3 93.4	5.3 9.1 2.5	0.5 0.6 0.2	61.4 23.6 3.9	0.8 0.3 0.0	100.0 100.0 100.0
Total	60.2	7.3	0.6	31.5	0.4	100.0

¹ If the respondent mentioned more than one provider, only the most qualified provider is considered,





Number and Timing of Antenatal Care Visits

Antenatal care is most beneficial when it is sought early in pregnancy and is continued throughout a pregnancy. The first antenatal visit should take place before the third month of pregnancy. The advantage of early detection of pregnancy is that a woman's normal baseline health status can be assessed; knowledge of a woman's baseline health will make early diagnosis of any abnormalities easier. The total number of antenatal visits also is important in assessing the adequacy of ANC. According to the recommended schedule, three visits should be made during the first 28 weeks (7th month), with subsequent visits in the 32nd, 36th, and 39th weeks. Regular visits allow proper monitoring of the mother and child throughout pregnancy.

Table 9.2 presents information on the timing and number of visits made to health providers in the five years preceding the survey. The table shows that, although 32 percent of women received no ANC, 42 percent made four or more visits. The median number of ANC visits is 4.2. In nearly 60 percent of the births, ANC was sought before the sixth month of pregnancy. The median number of months of pregnancy for the first antenatal visit is 3 months. It is clear that in Turkey, when mothers seek antenatal care, they go to a provider early in the pregnancy.

Table 9.2 Number of antenavisits and stage of pregnancy	tal care
Percent distribution of live by five years preceding the survenumber of antenatal care (A) and by the stage of pregnancy of the first visit, Turkey 1998	irths in the ey by NC) visits, y at the time
Number of visits and stage of pregnancy	Total
Antenatal visits during pregnancy None 1 2-3 visits 4+ visits Don't know/Missing	31.5 7.2 17.6 42.0 1.7
Total Median	100.0 4.2
Number of months pregnar at the time of first visit No antenatal care Less than 6 months 6-7 months 8+ months Don't know/Missing	31.5 57.9 7.2 2.2 1.1
Total Median	100.0 3.0
Number of births	3,459

Tetanus Toxoid Coverage

Tetanus toxoid (TT) vaccination is one of the important preventive measures for neonatal tetanus. According to the Turkish vaccination schedule, two doses of TT are necessary during pregnancy for the full immunisation of unvaccinated woman. However, if a woman has been vaccinated during a previous pregnancy, she may be given one dose for the current pregnancy.

Table 9.3 presents TT coverage for all births in the five years preceding the survey. Among these births, 15 percent had one dose, and 29 percent had two or more doses. These results are similar to those of the 1993 TDHS, with the exception that there has been a 3 percentage point increase in the percentage of births for which the mother received two or more doses.

The variations in TT vaccination coverage according to background characteristics are similar those observed for ANC coverage. As was seen with use of antenatal care, TT coverage is related to mother's age and birth order of the child. Younger women and women of low parity are more likely to have received two doses of tetanus toxoid vaccination.

There are marked differences in TT vaccination coverage among regions, while not much difference is observed between the urban and rural settlements. As it was in TDHS-93, the South had both the highest overall TT coverage and the greatest proportion receiving the second dose.

Table 9.3 Tetanus toxoid vaccinations

Percent distribution of births in the five years preceding the survey by number of tetanus toxoid injections mother received during pregnancy, according to selected background characteristics. Turkey 1998

	Numbe	r of tetanu	s toxoid inje	ctions		
Background characteristic	No injection	One dose	Two doses or more	Don't know/ Missing	Total	Number of births
Mother's age at birth						····
< 20	52.7	15.3	30.1	1.9	100.0	501
20-34	52.0	14.8	30.4	2.8	100.0	2.706
35+	71.7	9.6	15.2	3.4	100.0	252
Birth order						
1	45.6	14.5	37.2	2.7	100.0	1,192
2-3	50.7	17.4	29.3	2.6	100.0	1,495
4-5	66.1	9.5	21.5	2.9	100.0	435
6+	77.4	8.1	10.9	3.6	100.0	337
Residence						
Urban	53.3	14.8	28.7	3.3	100.0	2.162
Rural	53.9	14.0	30.3	1.8	100.0	1.297
Region						
West	59.8	14.0	22.5	3.6	100.0	1,031
South	31.3	16.9	47.2	4.5	100.0	490
Central	43.2	18.5	36.4	1.9	100.0	795
North	37.0	16.4	43.6	3.1	100.0	271
East	73.1	9.4	16.1	1.4	100.0	871
Education						
No educ./Pri. incomp.	72.4	8.3	15.6	3.6	100.0	936
Pri. comp./Sec. incomp.	45.6	17.4	34.3	2.7	100.0	2.118
Sec. comp./+	50.9	13.4	34.7	1.0	100.0	405
•		· -	•			
Total	53 <i>.</i> 5	14.5	29.3	2.7	100.0	3.459

Place of Delivery and Assistance during Delivery

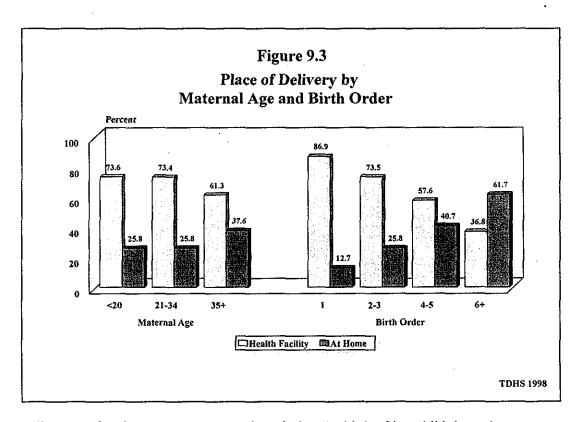
Hygienic conditions during delivery and proper medical attention reduce the health risks of mothers and children. The 1998 TDHS collected information on the place of delivery and the person assisting delivery for all children born in the five years preceding the survey. Overall, 73 percent of all births were delivered at a health facility (Table 9.4), which represents an increase in the level since 1993. Younger women are more likely to deliver at a health facility than older women. Likewise, lower birth order is associated with a greater likelihood of delivery at health facility (Figure 9.3). The level of education is strongly related to the utilisation of health institutions for delivery. The proportion of births delivered in a health facility increases from 45 percent among births to women with no education to 96 percent among births to women with secondary and higher level. Receiving ANC is also associated with the use of health facility at delivery. Women who received ANC during pregnancy are much more likely to deliver in a health facility than women who have had no ANC. Ninety-two percent of women with four or more antenatal visits delivered in a health facility.

Regional and residential differences are also apparent. A child born in an urban area is 1.3 times more likely to have been delivered at health facility than a rural child. In all regions, except the East region (where more than half of the births take place at home), the majority of births are delivered in health facilities.

Table 9.4 Place of delivery

Percent distribution of births in the five years preceding the survey by place of delivery, according to selected background characteristics, Turkey 1998

	Pla	ce of deli	very		Normalian
Background characteristic	At a health facility	At home	Don't know/ Missing	Total	Number of births
Mother's age at birth					
< 20	73.6	25.8	0.6	100.0	501
20-34	73.4	25.8	0.8	100.0	2,706
35+	61.3	37.6	1.2	100.0	252
Birth order					
1	86.9	12.7	0.4	100.0	1,192
2-3	73.5	25.8	0.7	100.0	1,495
4-5	57.6	40.7	1.6	100.0	435
6+	36.8	61.7	1.4	100.0	337
Residence					
Urban	80.2	19.1	0.6	100.0	2,162
Rural	59.7	39.2	1.1	100.0	1,297
Region					
West	86.6	12.7	0.7	100.0	1,031
South	69.2	29.8	1.0	100.0	490
Central	83.3	16.3	0.3	100.0	795
North	83.7	15.5	0.8	100.0	271
East	44.4	54.4	1.2	100.0	871
Education					
No educ./Pri. incomp.	44.5	54.4	1.1	100.0	936
Pri. comp./Sec. incomp.	80.4	18.8	0.8	100.0	2,118
Sec. comp./+	96.2	3.8	0.0	100.0	405
Antenatal care visits					
None	45.4	54.1	0.5	100.0	1,090
1-3 visits	74.8	24.8	0.4	100.0	859
4+ visits	91.9	7.9	0.2	100.0	1,451
DK/missing	64.4	7.6	28.0	100.0	59
Total	72.5	26.7	0.8	100.0	3,459



The type of assistance a woman receives during the birth of her child depends to great extent on the place of delivery, with births delivered outside the health facility being much less likely to receive assistance from a doctor or other trained health professional. The proportion of all births delivered with the assistance of a doctor or trained health personnel was 81 percent (Table 9.5). As was the case in the TDHS-93, the likelihood of having a birth assisted by qualified health personnel is greater than the likelihood of receiving ANC from a medical care provider (68 percent). A positive relationship is observed between the percentage assisted by medical personnel and the number of antenatal care visits. Medical personnel assisted ninety-six percent of births to women who had at least four antenatal care visits at delivery.

Maternal age and child's birth order, are associated with type of assistance at delivery. Older women and women who have already had a number of births are less likely to receive assistance from medical personnel. Mother's education is also closely tied to medical supervision at delivery. Almost all women with secondary or more education received medical assistance at delivery.

In addition to the regional and residential variation in assistance during delivery, there are differences in the percentage of deliveries assisted by a doctor. For instance, in the East region, where around half of the deliveries were assisted by medical personnel, doctors assisted with 17 percent of the births. More deliveries are attended by doctors in the West region (64 percent), than other region. The likelihood of delivery under a doctor's supervision is two times greater for urban women considered to rural women.

Table 9.5 Assistance during delivery

Percent distribution of births in the five years preceding the survey by type of assistance during delivery and place of delivery, according to selected background characteristics, Turkey 1998

***		Attenda	nt assistin	g during de	livery			Pla	ce of deli	very		
Background characteristic	Doctor	Nurse/ Trained midwife	Trained TBA	Relative/ Other	No one	Don't know/ Missing	Total	Health facility	At home	Don't know/ Missing	Total	Numbe of births
Mother's age at birth												
< 20	33.9	46.7	10.6	8.1	0.6	0.1	100.0	73.6	25.8	0.6	100.0	501
20-34	41.4	40.4	9.6	7.2	0.6	0.7	100.0	73.4	25.8	0.8	100.0	2,706
35+3	9.2	28.4	18.4	10.3	3.7	0.0	100.0	61.3	37.6	1.2	100.0	252
Birth order												
15	1.7	40.4	4.5	2.8	0.1	0.5	100.0	86.9	12.7	0.4	100.0	1,192
2-3	40.1	43.2	8.9	6.7	0.6	0.5	100.0	73.5	25.8	0.7	100.0	1.495
4-5	26.5	41.1	16.5	14.0	0.8	1.2	100.0	57.6	40.7	1.6	100.0	435
6+	17.3	27.5	30.4	20.3	3.9	0.5	100.0	36.8	61.7	1.4	100.0	337
Residence												
Urban	49.6	38.1	7.2	4.0	0.5	0.6	100.0	80.2	19.1	0.6	100.0	2,162
Rural	24.3	44.4	15.7	13.6	1.3	0.7	100.0	59.7	39.2	1.1	100.0	1,297
Region												
West	63.9	28.4	3.4	3.2	0.3	0.8	100.0	86.6	12.7	0.7	100.0	1,031
South	34.7	51.5	9.6	3.1	0.7	0.4	100.0	69.2	29.8	1.0	100.0	490
Central	38.6	51.4	4.4	4.8	0.8	0.2	100.0	83.3	16.3	0.3	100.0	795
North	39.7	50.0	7.1	2.2	0.3	0.6	100.0	83.7	15.5	0.8	100.0	271
East	16.7	35.6	25.7	19.6	1.5	0.8	100.0	44.4	54.4	1.2	100.0	871
Education		•										i.
No educ./Pri. incomp.	19.0	34.8	24.7	18.7	1.9	0.9	100.0	44.5	54.4	1.1	100.0	936
Pri. comp./Sec. incomp.		45.4	6.0	4.1	0.5	0.4	100.0	80.4	18.8	0.8	100.0	2,118
Sec. comp./+	70.9	27.7	0.2	0.2	0.0	1.0	100.0	96.2	3.8	0.0	100.0	405
Antenatal care visits												
None	16.3	40.9	22.6	18.4	1.6	0.2	100.0	45.4	54.1	0.5	100.0	1,090
1-3 visits	34.4	50.2	10.4	4.1	0.8	0.1	100.0	74.8	24.8	0.4	100.0	859
4+ visits	61.2	35.1	1.5	1.7	0.2	0.3	100.0	91.9	7.9	0.2	100.0	1,451
DK/missing	46.9	23.2	3.1	3.0	0.0	23.8	100.0	64.4	7.6	28.0	100.0	59
Total	40.1	40.5	10.4	7.6	0.8	0.6	100.0	72.5	26.7	0.8	100.0	3,459

Characteristics of Delivery

Respondents were asked, whether the delivery was by caesarean section or not. They were also asked, if their children were weighed at the time of birth and, if so, how much each baby weighed. In addition, mothers were asked for a subjective assessment of their baby's size at birth.

Table 9.6 indicates that, according to the mother's reports, 14 percent of babies born in the five years preceding the TDHS-98 were delivered by caesarean section. Caesarean sections are more common among births to older women, women residing in urban areas, and more educated women. It is also noteworthy that nearly one-fifth of first births in the five-year period preceding the survey were delivered by caesarean section.

For 64 percent of babies born in the five years preceding the survey, a birth weight was reported. Among births for which a birth weight was reported, 12 percent (8 percent of all births) were reported to have a weight less than 2.5 kilograms. Classified as low-birth-weight births, these children are considered to have a higher than average risk of early mortality. The mother's subjective evaluation of the baby's size at birth is also shown in Table 9.6. According to the mother's subjective evaluation of birth size, 10 percent of all births were reported to be very small and 16 percent were considered to be smaller than average.

Table 9.6 Delivery characteristics: caesarean section, birth weight and size

Among births in the five years preceding the survey, the percentage of deliveries by caesarean section (C-section), and the percent distribution by birth weight and by the mother's estimate of baby's size at birth, according to selected background characteristics, Turkey 1998

		E	irth weig	nt		Size of ch	ild at birth	,	
Background characteristic	Delivery by C-section	Less than 2.5 kg	2.5 kg or more	Don't know/ Missing	Very small	Smaller than average	Average or larger	Don't know/ Missing	Number of births
Age at birth				40.0				1.0	
< 20	7.3	8.9	50.2	40.9	12.1	20.9	65.0	1.9	501
20-34	14.8	7.9	58.6	33.5	9.5	15.4	73.8	1.2	2,706 252
35+	17.2	6.2	42.1	51.7	11.0	14.7	73.9	0.4	232
Birth order									•
1	18.8	11.1	67.9	21.0	12.0	18.9	67.7	1.4	1,192
2-3	13.7	6.7	60.0	33.3	7.6	14.0	77.7	0.8	1,495
4-5	8.9	6.6	38.0	55.4	13.0	16.4	68.4	2.1	435
6+	8.9 3.3	3.3	21.8	74.9	9.5	16.1	72.7	1.6	337
Residence	•								
Urban	17.6	8.2	65.2	26.6	8.8	14.1	76.0	1.1	2.162
Rural	7.7	8.2 7.3	41.3	51.4	11.9	19.6	66.9	1.5	2,162 1,297
Region									
West	21.9	8.4	78.3	13.3	8.2	13.1	76.9	1.9	1,031
South	14.4	9.2	53.7	37.1	10.6	13.1	75.2	î.i	490
Central	8.11	10.7	65.3	24.0	8.9	15.9	74.2	1.0	795
North	14.3	7.5	73.2	19.3	7.1	13.2	78.9	0.8	271
East	5.7	4.0	18.0	78.0	13.7	22.8	62.5	1.0	· 871
Education									
No educ./Pri.incomp.	5.8	5.0	23.3	71.7	12.5	19.5	66.3	1.7	936
Pri. comp./Sec. incomp	. 13.7	9.2	64.8	26.1	9.6	15.7	73.4	1.3	2,118
Sec. comp./+	33.3	7.9	87.7	4.4	5.9	11.4	82.8	0.0	405
-									
Total	13.9	7.9	56.2	35.9	10.0	16.2	72.6	1.3	3,459

Delivery Complications

Table 9.7 shows that mothers reported some complication at the time of delivery in the case of 56 percent of births in the five-year period preceding the survey. Mothers reported prolonged labour in the case of 37 percent of the births, 25 percent involved convulsions, 21 percent involved vaginal infection, and 16 percent involved excessive bleeding. The table also indicates that nearly half of the births who received either delivery care or both the antenatal and delivery care did not involve complications at delivery. Among those deliveries where there was not medical assistance or ANC, prolonged labour and vaginal infections were the most frequently cited complication. Excessive bleeding, convulsions and vaginal infection were the most often cited complications among women whose offspring succumbed to early neonatal death. The percentages of women who had complications during delivery were lower for the women who delivered by caesarean section.

Table 9.7 Delivery complications

Percent of live births in the last five years with complications of delivery, according to antenatal and delivery care, Turkey 1998

		Complications at delivery										
Antenatal/ delivery care	Prolonged labor	Excessive bleeding	Vaginal infection	Convulsions	None	Number of births						
Medical maternity c	are											
Both	34.5	13.9	17.2	24.4	45.4	2,163						
Antenatal	48.5	24.5	34.9	35.5	29.1	173						
Delivery	38.2	15.8	20.4	20.6	46.9	636						
None	42.0	25.1	33.7	31.6	39.4	488						
Early neonatal death	1											
No	37.0	16.1	21.0	25.2	44.0	3,383						
Yes	35.4	27.9	23.4	27.9	43.2	76						
Delivery by caesarea	ın		•									
section												
Yes	20.7	9.4	12.8	18.1	61.2	479						
No	39.8	17.5	22.4	26.6	40.9	2.954						
Missing	19.7	15.4	12.0	6.6	80.3	26						
Total	37.0	16.4	21.0	25.2	44.0	3,459						

9.2 Immunisation of Children

The World Health Organisation (WHO) guidelines on childhood immunisation call for all children to receive a BCG vaccination against tuberculosis, three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus; three doses of polio vaccine (OPV); and one dose of measles vaccine before they reach 12 months of age.

In TDHS-98, information on vaccination status was collected for all children born in the five years preceding the survey. However, the data presented here are restricted to children who were alive at the time of the survey fieldwork.

To obtain immunisation data for each eligible child, mothers were asked whether they had a vaccination card for the child, and if so, to show the card to the interviewer. The dates of the vaccinations were copied from the card to the questionnaire: Mothers were also asked whether the child has been given any vaccination not recorded on the card. If the vaccination card was not available for the child, the mother was asked a number of questions in order to determine the vaccination status of the child for each specific vaccine. In case of DPT and polio, the mother was asked to report the number of doses of the vaccine that the child had received. Children who received one dose of BCG, three doses of DPT and OPV, and one dose of measles vaccine were considered to be fully vaccinated.

Coverage of Children Age 12-23 Months

Information on vaccination coverage is presented in Table 9.8 according to the source of information used to determine coverage, i.e., the child's vaccination card or the mother's report. Data are presented for children age 12-23 months, by which age the child should be fully vaccinated.

The information was gathered from a vaccination card in the case of 39 percent of children while mothers supplied the information for the remaining cases. For children whose information was based on the mother's report, the proportion vaccinated during the first year of life is lower than that for children with a written record of vaccination. The OPV coverage rate for children without a written record is somewhat higher than that of the DPT coverage rate.

Taking into account both the card information and the mother's report, Table 9.8 shows that 46 percent of the children had received all of the recommended immunisations at some time before the survey. Only 4 percent had not received any vaccination at all. The remaining 50 percent were partially vaccinated. The percentage of children who were fully immunised by 12 months of age was 40 percent.

Table 9.8 Vaccinations by source of information

Percentage of children 12-23 months who have received specific vaccines at any time before the survey, by source of information, and the percentage vaccinated by 12 months of age, Turkey 1998

	•		Percer	tage of	children	who rec	eived:				
			DPT			Polio					Number
Source of information	BCG	DPTI	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All ¹	None	of children
Vaccinated at any time before the survey											
Vaccination card	36.0	38.0	36.2	34.5	38.3	36.7	35.6	33.3	29.1	0.0	266
Mother's report	52.5	48.9	38.1	24.1	55.8	50.5	28.8	45.2	16.6	3.6	424
Either source	88.5	86.9	74.3	58.7	94.0	87.2	64.4	78.5	45.7	3.6	689
Vaccinated by 12 months of age ²	87.4	85.5	72.4	55.8	92.4	85.2	60.8	70.9	40.4	4.8	689

¹ Children who are fully vaccinated (i.e., those who have received BCG, measles and three doses of DPT and polio).

For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.

Coverage Rates by Background Characteristics

Vaccination coverage rates for children in the 12-23 month age group are presented in Table 9.9 by background characteristics. There are definite differences in vaccination coverage by urban-rural residence. The percentages of children receiving the first two doses of OPV are similar for both urban and rural children. However the percentages receiving the first two DPT doses are higher for urban children than for rural children. As a result of high drop-out rates, coverage in rural children for the third dose of DPT/OPV falls to 50 and 57 percent, respectively. BCG and measles coverage rates are also lower for rural children than for urban children. Overall, around half of the urban children are fully vaccinated which is much higher than the proportion for rural children. (37 percent).

Considering regional differences, the percentage fully immunised is significantly lower in the East (23 percent), followed by the West and Central regions (50 and 52 percent, respectively). The North Region has the highest vaccination coverage; 59 percent of children 12-23 months in the North are fully immunised. The data in Table 9.9 also verify the fact that drop-out rate is markedly high in the East compared to other regions. The proportion of children whose mothers showed a vaccination card also was lower in the East (21 percent) than other regions.

The mother's level of education is related to the likelihood that a child will be vaccinated. The percentage of children who are fully vaccinated varies from 29 percent among children whose mothers have no education to 64 percent among children whose mothers have at least secondary education. The DPT/OPV drop-out rates are higher for children of mothers with no education than for other children; for example, DPT coverage rates among children of women with no education fall from 72 percent in the case of the first dose to 45 percent for the third dose. Only 58 percent of children of women with no education received a measles vaccination, and only 70 percent received a BCG vaccination.

A child's birth order is related to coverage rates. Children of high birth order tend to have lower coverage than children of lower birth order. The percentage fully immunised among children of birth order 4-5 is 27 percent. There seems to be little difference between the vaccination levels of male and female children.

Table 9.9 Vaccinations by background characteristics

Percentage of children 12-23 months who had received specific vaccines by the time of the survey (according to the vaccination card or the mother's report), and the percentage with a vaccination card, according to background characteristics, Turkey 1998

			Percen	tage of	children	who rec	eived:			Percentage with		
~ .			DPT			Polio					vacci-	Number
Background characteristic	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	None	nation card	of childrer
Child's sex												
Male	89.3	88.3	75.5	60.3	94.1	86.9	66.3	78.9	46.2	3.1	37.7	360
Female	87.7	85.3	73.0	56.9	94.0	87.5	62.2	78.2	45.2	4.2	39.5	329
Birth order												
1 '	91.2	90.0	78.0	61.9	94.8	88.0	68.4	85.8	51.8	2.6	46.6	246
2-3	93.5	90.3	79.8	62.6	95.5	89.1	68.0	83.4	48.9	2.6	40.5	295
4-5	80.5	77.8	57.7	42.9	90.5	79.9	42.6	57.3	27.2	6.3	23.1	84
6+	66.3	71.0	57.1	49.2	89.2	84.8	60.6	56.3	31.8	8.7	18.9	64
Residence												
Urban	91.6	88.8	78.4	63.9	94.4	88.8	69.0	82.2	51.2	2.9	45.5	424
Rural	83.7	83.7	67.8	50.3	93.4	84.7	57.0	72.7	36.8	4.8	27.5	265
Region												
West	95.8	89.6	79.2	61.4	95.3	91.4	72.3	80.6	50.2	1.6	47.8	221
South	92.7	94.9	85.6	67.4	95.6	89.9	68.9	87.1	57.3	1.5	35.6	95
Central	96.0	95.3	81.5	64.2	98.7	88.4	65.5	86.4	51.8	1.3	41.3	157
North	97.5	95.4	81.9	71.4	98.3	93.5	73.8	84.0	58.9	1.7	52.3	52
East	66.4	67.8	52.1	40.6	85.6	76.8	47.0	61.7	22.9	10.3	20.8	165
Education												
No educ./Pri. incomp.	69.7	72.2	58.1	45.4	88.2	81.4	51.1	57.6	28.5	9.4	17.8	160
Pri. comp./Sec. incomp.	93.3	89.4	76.6	60.0	95.1	87.8	65.9	83.1	48.0	2.2	42.9	434
Sec. comp./+	98.6	99.6	91.1	74.7	99.2	94.2	79.6	93.0	64.0	0.0	53.5	95
Total	88.5	86.9	74.3	58.7	94.0	87.2	64.4	78.5	45.7	3.6	38.5	689

¹ Children who are fully vaccinated (i.e., those who have received BCG, meastes and three doses of DPT and polio).

Vaccination in First Year of Life by Current Age

Table 9.10 presents information on children 12-59 months and shows the percentage of children who have a vaccination record as well as the percentage who have received each vaccine during the first year of life according to information from the vaccination card or mother's recall. As was the case in earlier tables, the distribution of vaccinations during the first year of life for children whose information was based on the mother's recall was assumed to be the same as that for children for whom a vaccination record was available.

The proportion of children for whom vaccination cards were seen declines with increasing age of child, from 39 percent among children age 12-23 months to 14 percent among children age 48-59 months. This suggests that there has been an increase in immunization levels in the recent past. However the proportion of children who had received each vaccine during the first year of life are higher for children age 48-59 months than for children in the 24-35- and 36-47-month age groups. With regard to individual vaccines, a substantial increase is observed in the proportion of children receiving the measles vaccine during the first year of life, 71 percent for the children age 12-23 months, compared to less than 60 percent or less among the children age 24-47 months.

Table 9.10 Vaccinations in first year of life by current age

Among children age one to four years, the percentage with a vaccination card and the percentage who have received each vaccine before their first birthday, according to current age of the child, Turkey 1998

	Cu	All children 12-59			
Vaccine	12-23	24-35	36-47	48-59	months
Vaccination card					
seen by interviewer	38.5	25.0	12.8	13.5	22.7
Percentage vaccinated at 0-11 months					, ,
BCG	87.4	83.7	76.1	83.8	82.9
DPT 1	85.5	79.6	64.3	77.8	77.1
DPT 2	72.4	65.2	53.0	65.1	64.2
DPT 3	55.8	46.9	41.4	48.0	48.3
Polio 1	92.4	85.3	72.5	88.2	84.9
Polio 2	85.2	77.1	65.4	80.7	77.4
Polio 3	60.8	55.9	49.4	58.3	56.3
Measles	70.9	58.8	52.7	58.0	60.4
All vaccinations ²	40.4	32.8	33.7	35.8	35.8
No vaccinations	4.8	11.8	22.1	9.6	11.8
Number of children	689	612	612	674	2,587

Information was obtained either from a vaccination card or from the mother if there was no written record. For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as that for children with a written vaccination record.

9.3 Prevalence and Treatment of Diarrhoea

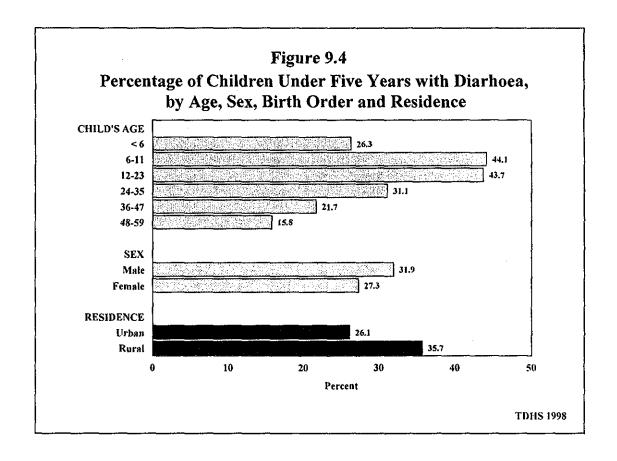
Dehydration brought on by severe diarrhoea is an important cause of morbidity and mortality. In Turkey, the National Control of Diarrhoeal Diseases Programme was established in 1986. The main objective of the programme was reduction in deaths by prevention of dehydration. For this reason, Oral Rehydration Therapy (ORT) has been taught actively since the 1980s.

In the TDHS-98, mothers who had children under age five were asked if their children experienced diarrhoea during the two weeks before the survey. Mothers were also asked what treatment they had given to those children who had diarrhoea. The timing of the TDHS-98 fieldwork should be taken into consideration when assessing these findings, since the fieldwork took place mainly between August and October. As the prevalence of diarrhoea varies seasonally, the results do not represent the average prevalence of diarrhoea throughout the year in Turkey.

² Children who have received BCG, measles, and three doses each of DPT and polio vaccines

Table 9.11 and Figure 9.4 show the percentage of children under five years of age with diarrhoea during the two weeks preceding the survey. Overall 30 percent of children had experienced diarrhoea at some time in the two weeks preceding the survey. There has been a slight increase in the prevalence of diarrhoea since the TDHS-93, where the two-week prevalence of diarrhoea for the same period was 25 percent. Bloody stools were reported by only a small fraction of children (3 percent). Children under two years of age, especially those 6-11 and 12-23 months old, are more likely than older children to have had diarrhoea. This is a pattern which is observed in many surveys including the previous quinquennial surveys, and it is believed to be associated with the effects of weaning practices and poor sanitation, especially the use of contaminated water supplies.

Table 9.11 Prevalence of d	er five years w		
the two weeks preceding the children who had diarrhoea selected background charac	e survey, and to with blood in	the percentag the stools, by	e of
		ea in the two weeks	Number
Background characteristic	All diarrhoea	Diarrhoea with blood	of children
Child's age			
Under 6 months	26.3	2.4	364
6-11 months	44.1	4.7	348
12-23 months	43.7	4.5	689
24-35 months	31.1	3.9	612
36-47 months	21.7	2.6	612
48-59 months	15.8	1.8	674
Child's sex			
Male	31.9	3.2	1,713
Female	27.3	3.3	1,586
Birth order			
1	29.2	2.6	1,145
2-3	28.0	2.7	1,432
4-5	34.8	6.6	411
6+	32.9	4.1	310
Residence			
Urban	26.1	2.6	2,081
Rural	35.7	4.5	1,217
Region			
West	21.8	1.5	995
South	28.7	3.8	472
Central	31.0	3.2	762
North	26.4	1.7	260
East	39.7	5.7	810
Education			
No educ./Pri. incomp.	36.1	5.7	875
Pri, comp./Sec. incomp.	29.6	2.8	2,026
Sec. comp./+	16.1	0.6	398
Total	29.7	3.3	3,299
Note: Figures are for children	born in the pe	riod 1-59 mor	iths



There is little variation in diarrhoea prevalence by sex and birth order, with the prevalence of diarrhoea being only slightly higher for male children and for children with higher birth orders than for other children. The prevalence of diarrhoea was higher among rural children (36 percent), children in the East (40 percent) and children whose mothers did not attend school (36 percent) than among other children.

Findings related to the treatment of diarrhoea are presented in Table 9.12. The majority of children under five years of age with diarrhoeal episodes received some kind of treatment. Almost 70 percent of the mothers report increasing the fluids given the child during the diarrhoeal episode or using some form of oral rehydration therapy. Mothers reported that in 37 percent of the diarrhoeal episodes children were taken to a health facility. However the proportion of children who were taken to a health facility is higher in urban areas than in rural areas (43 percent and 29 percent, respectively). Urban mothers were also more likely than rural mothers to use some form of oral rehydration therapy (ORT) or to increase fluids. Among the regions, the South has the highest percentages in seeking health care (48 percent). The use of home remedies or other treatments is widespread.

Table 9.12 Treatment of diarrhoea

Among children under five years who had diarrhoea in the two weeks preceding the survey, the percentage taken for treatment to a health facility or provider, the percentage who received oral rehydration therapy (ORT) (either solution prepared from ORS packets, recommended home fluid (RHF), or increased fluids), the percentage who received no ORT, and the percentage given other treatments, according to selected background characteristics, Turkey 1998

	rcentage	Oı	al rehydr	ation thera	ру		Oth	ier treatmen	ts		
a Background fa	aken to health cility or rovider ¹	ORS packet	RHF at home	Either ORS or RHF	In- creased fluids	Did not receive ORT	Injec- tion	Home remedy/ Other	No treat- ment	Missing	Number of children
Child's age		0									
Under 6 months	31.7	15.8	11.6	23.8	45.9	42.3	2.6	94.7	1.8	0.0	95 ·
6-11 months	43.8	14.9	13.8	26.3	59.9	30.8	5.9	97.8	1.7	0.0	154
12-23 months	44.5	19.0	17.9	34.0	66.7	24.1	3.9	100.0	0.0	0.0	301
24-35 months	33.2	11.9	14.6	25.0	58.1	31.3	4.0	99.3	0.0	0.7	190
36-47 months	22.8	9.3	12.3	21.6	50.9	37.8	1.6	98.3	0.0	0.5	133
48-59 months	30.9	9.1	12.6	20.0	63.3	30.1	4.8	100.0	0.0	0.0	106
Child's sex				-							
Male	37.9	14.1	13.3	24.9	58.8	31.6	3.9	98.9	0.5	0.0	547
Female	34.9	14.6	16.4	29.4	60.3	29.9	3.9	98.7	0.4	0.5	433
Birth order											
1	39.1	15.6	13.6	27.6	58.1	30.9	2.8	98.4	0.0	0.4	334
2-3	35.6	14.5	16.8	28.3	62.3	28.3	3.5	98.9	0.8	0.0	400
4-5	40.2	14.7	13.5	26.2	59.4	30.5	5.6	98.9	0.7	0.0	143
6+	26.8	8.4	11.6	19.5	52.7	40.9	6.5	99.4	0.0	0.6	102
Residence											
Urban	42.7	16.4	17.0	30.2	62.4	26.9	5.0	99.0	0.3	0.2	544
Rural	28.9	11.6	11.8	22.7	55.7	35.8	2.5	98.5	0.6	0.2	435
Region	•										
West	37.0	12.8	16.7	27.1	62.8	30.4	3.5	100.0	0.0	0.0	217 -
South	47.9	10.1	11.8	20.8	57.6	33.8	3.5	97.9	0.5	0.5	136
Central	29.9	16.0	15.1	29.3	57.2	30.4	1.4	97.7	1.1	0.6	236
North	31.6	16.8	18.7	31.5	45.0	37.9	1.0	97.0	0.0	0.0	69
East	37.4	15.3	13.3	26.4	62.7	28.7	6.8	99.5	0.3	0.0	322
Education				•					,		
No educ./Pri. incomp.	35.1	12.3	10.9	21.5	54.6	35.9	5.5	98.5	0.3	0.0	316
Pri. comp/Sec. incomp.		15.5	16.5	29.6	61.8	28.8	3.2	99.1	0.5	0.1	599
Sec comp./+	56.3	12.4	16.1	27.7	61.7	24.7	2.4	97.4	0.0	2.1	64
	36.5	14.3	14.7	26.9	59.5	30.8	3.9	98.8	0.4	0.2	979

In the TDHS-98, mothers were specifically asked about changes in feeding practices during the diarrhoeal episode. All mothers who had a child with diarrhoea were asked if they had changed the amount of fluids and foods given to the child having the diarrhoeal episode. Among all children with diarrhoea 60 percent received increased fluids and while one-fifth received the same amount as was before the illness (Table 9.13). However, in 17 percent of the cases, the amount of fluid given was reduced.

Table 9.13 Feeding practices during diarrhoea

Percent distribution of children under five years who had diarrhoea in the two weeks preceding the survey, by amount of fluids and solid foods given compared with normal practice, Turkey 1998

Feeding practice	Total
Amount of fluids given	
Same	21.2
Increase	59.5
Decrease	17.1
Don't know/Missing	2.2
Amount of solid foods giv	en
Same	26.3
Increase	5.3
Decrease	65.6
Don't know/Missing	2.8
Total	100.0
Number	979

		•

CHAPTER 10

INFANT FEEDING, MATERNAL AND CHILDHOOD NUTRITION

Ergül Tunçbilek, Elif Kurtuluş, and Attila Hancıoğlu

This chapter covers three related topics: infant feeding including breastfeeding, supplementary foods and use of a bottle with a nipple while breastfeeding; and anthropometric assessment of the nutritional status of both children under the age of five years and their mothers.

10.1 Breastfeeding and Supplementation

Infant feeding affects both the mother and the child. It affects the child through his/her nutritional status, which in turn has an effect on the risk of dying. The mother is affected through the effect of breastfeeding on the period of postpartum infertility, and, hence, the length of birth interval and fertility levels. These effects are influenced by both the duration and intensity of breastfeeding, and by the age at which the child receives supplemental foods and liquids.

Breastfeeding of infants is surely the most important factor contributing to the maintenance of growth. Breastmilk contains all the nutrients needed by children in the first few months of life. Moreover, breastmilk is clean and always available at just the right temperature, and it promotes a close mother-child relationship. In addition, it provides some immunity to disease through the mother's antibodies and helps in reducing the prevalence of diarrhoea and nutritional deficiencies.

The World Health Organization recommends that children be exclusively breastfed (no other supplementation or plain water) during the first 4 months of life and that children be given solid or mushy supplements beginning with the seventh month of life. Breastfeeding should continue, along with the complementary foods, up to the second birthday or beyond.

As Table 10.1 indicates, breastfeeding is almost universal in Turkey; 95 percent of all children are breastfed for some period of time. Differentials in the proportion of children breastfed are quite small.

Early initiation of breastfeeding is of benefit to both mother and infant. Suckling stimulates production of oxytocin, a hormone that causes the mother's uterus to contract. The first breast milk, colostrum, protects the newborn infant from infections because of its high concentration of antibodies. Information from the TDHS-98 on the timing of initiation of breastfeeding for all children indicates that initiation to breastfeeding is rather late (Table 10.1). Only one-half of ever-breastfed children were started breastfeeding as early as within one hour of birth. A comparison of the 1998 findings with those of the 1993 survey indicates that both percentages of children starting breastfeeding within one hour and one day of life have increased since 1998. While only one-fifth of children were put to breast within one hour in 1993, according to the findings of the TDHS-98, more than half of the children has been put to the breast within one hour. The proportion of children who were put to breast within one day has also increased from 76 percent in 1993 to 85 percent in 1998.

Increases in the early initiation of breastfeeding occurred in all regions and and all education groups (data not shown in tables). Despite the increases, marked variations in the timing of initiation of breastfeeding remain between regions and education subgroups. The percentage of children who started breastfeeding within one hour of birth is highest in the North Region (56 percent) and lowest in the East region (45 percent). By education, the percentage initiating breastfeeding within an hour of birth varies

from 45 percent for births to mothers with no education to 65 percent for births to mothers with a secondary education.

The proportion of children who started breastfeeding within one day of birth also varies markedly by region and education. In the East, where mothers are usually less educated and are more likely to give birth without the assistance of a medically trained person, 22 percent of all children were not put to the breast during the first day. Seventy-nine percent of children of mothers with no education started breastfeeding within one day of their birth compared with 89 percent of births to the most highly educated mothers.

Table 10.1 Initial breastfeeding

Percentage of children born in the five years preceding the survey who were ever breastfed, and the percentage of last-born children who started breastfeeding within one hour of birth and within one day of birth, by selected background characteristics, Turkey 1998

		Percentage who started breastfeeding:		
Background characteristic	Percentage ever breastfed	Within 1 hour of birth	Within 1 day of birth	Number of children
Child's sex		4		
Male Female	95.5 94.9	51.4 52.2	83.7 86.0	1,797 1,662
Residence				
Urban Rural	95.8 94.3	53.2 49.4	85.1 84.2	2,162 1,297
Region		~ • •		
West	96.5	51.5	86.1	1,031
South Central	94.9 95.6	55.2 55.7	86.1 89.6	490 795
North	93.6 94.5	55.7 55.8	89.6 82.9	795 271
East	93.9	45.2	78.5	871
Education				
No educ./Pri. incomp.	94.5	44.5	78.5	936
Pri. comp./ Sec. incomp.	95.3	52.4	86.8	2,118
Sec. comp./+	96.5	65.0	88.7	405
Assistance at delivery	05.0	72 O	96 #	~ 500
Medically trained Traditional midwife	95.2 95.5	53.8 45.7	86.7 77.8	2,788 360
Other/none	95.5 95.0	43.7	77.8 80.1	360 290
Missing	*	*	*	21
Place of delivery				
Health facility	95.2	53.5	86.5	2,509
At home	95.5	47.9	81.6	922
Missing	(87.4)	(16.5)	(32.2)	28
Total	95.2	51.8	84.8	3,459

Note: Table is based on all children born in the five years preceding the survey, whether living or dead at the time of the interview. Parentheses indicate that a figure is based on 25-49 respondents. An asterisk indicates a figure is based on fewer than 25 respondents and has been suppressed.

Includes children who started breastfeeding within one hour of birth

The percent distribution of living children by breastfeeding status at the time of the survey is shown in Table 10.2. The child's breastfeeding status is based on information collected in the survey on feeding practices in the last 24 hours before the interview. "Exclusively breastfed" refers to children who receive breastmilk only. "Children who are fully breastfed" includes those who are exclusively breastfed and those who receive only plain water in addition to breastmilk.

<u>Table 10.2 Breastfeeding status</u>

Percent distribution of living children by breastfeeding status, according to child's age in months, Turkey 1998

			Breastfe	eding and:		Number
Age in months	Not breast- feeding	Exclusively breast- fed	Plain water only	Supple- ments	Total	of living children
0-1	3.9	14.2	32.6	49.3	100.0	103
2-3	9.8	5.9	29.5	54.8	100.0	141
4-5	17.7	2.0	11.1	69.2	100.0	119
6-7	28.5	0.0	8.4	63.0	100.0	120
8-9	39.7	0.0	1.6	58.7	100.0	129
10-11	49.4	0.0	1.5	49.1	100.0	99
12-13	48.0	0.0	0.0	52.0	100.0	136
14-15	51.0	0.6	0.6	47.9	100.0	128
16-17	64.0	0.0	0.5	35.5	100.0	128
18-19	73.0	0.0	0.0	27.0	100.0	101
20-21	73.2	0.0	0.0	26.8	100.0	102
22-23	86.0	0.0	0.0	14.0	100.0	94
24-25	88.2	0.0	0.0	11.8	100.0	108
26-27	96.5	0.0	0.0	3.5	100.0	103
28-29	96.4	0.0	0.0	3.6	100.0	99
30-31	89.2	0.0	3.7	9.1	100.0	119
32-33	96.3	0.0	0.0	3.7	100.0	77
34-35	97.5	0.0	0.6	1.9	100.0	107
0-3 months	7.3	9.4	30.8	52.5	100.0	245
4-6 months	22.6	1.3	10.3	65.8	0.001	179
7-9 months	35.0	0.0	3.7	61.3	100.0	189

Note: Breastfeeding status refers to preceding 24 hours. Children classified as breastfeeding and plain water only receive no supplements.

Table 10.2 indicates that even among children in the first month of life, only 14 percent were exclusively breastfed, a figure lower than that found in the TDHS-93 (19 percent). A substantial proportion of children (47 percent) are fully breastfed (i.e., they receive only water in addition to breastmilk). However, one-half of children (49 percent) are being given other supplements within the first two months of birth. The percentage of children receiving supplements increases to 55 percent among children 2-3 months of age. Early introduction of supplementary food to infant nutrition increases the risk of gastrointestinal infections, which is one of the leading causes of infant mortality in Turkey.

Table 10.3 shows the median duration of any, exclusive and full breastfeeding. The median duration of breastfeeding for all children is 12 months, which is unchanged from the median reported in 1993. There are some differences in breastfeeding durations among subgroups. With respect to the sex of the child, there is a more than a three month difference in favour of males. Women living in the East are breastfeeding their children 16 months, longer than any other region. In the Central and North regions, median durations shorter than 9 months are observed. Women who never attended school are breastfeeding for nearly 17 months, at least 7 months longer on average than more educated women. Median durations for

exclusive breastfeeding are very short, around half a month (0.4) for all subgroups. There is greater variation in the median duration of full breastfeeding. Children living in urban areas, in the Central region, and those who are assisted by traditional midwife at delivery are likely to have a somewhat longer period of full breastfeeding.

Table 10.3 also presents findings on the frequency of breastfeeding, as indicated by the percentage of children under 6 months of age who were breastfed six or more times in the 24 hours preceding the survey. Seventy-nine percent of children under 6 months of age were breastfed 6 times or more in the 24-hour period preceding the survey. The lowest percentage of children breastfed 6 times or more is found in the North region (67 percent) and the highest percentage among children assisted by traditional midwife at delivery (90 percent).

Table 10.3 Median duration and frequency of breastfeeding

Median duration of any breastfeeding, exclusive breastfeeding, and full breastfeeding among children under three years of age, and the percentage of children under six months of age who were breastfed six or more times in the 24 hours preceding the interview, according to background characteristics, Turkey 1998

	М	edian duratio	'n	Chile under six		
•	of	breastfeeding	"1 ?	Number of children	Breastfed 6 or more	-
Background characteristic	Any breast- feeding	Exclusive breast- feeding	Full breast-2 feeding ²	under 3 years of age	times in preceding 24 hours	Number of children
Child's sex			******			
Male Female	13.9 10.5	0.4 0.5	0.7 0.7	1,103 1,006	77.3 79.5	174 189
Residence						
Urban Rural	10.7 13.9	0.5 0.4	1.3 0.5	1,308 801	80.0 75.7	231 132
Region						
West	12.2	0.4	0.6	628	72.7	102
South	11.0	0.4	1.1	295	82.5	51
Central	8.1	0.5	1.3	491	81.3	101
North East	6.8 16.2	0,4 0.5	0.6 0.7	162 532	(66.9) 83.4	28 82
Education						
No educ./Pri.incomp.	16.5	0.4	0.7	531	76.1	82
Pri. comp./Sec.incomp.	9.5	0.5	0.7	1,319	78.5	237
Sec. comp./+	8.3	0.4	0.9	258	82.5	45
Assistance at delivery						
Medically trained	10.8	0.4	0.7	1,740	77.3	314
Traditional midwife	17.9	0.5	3.1	189	(89.6)	28
Other or none Missing	18.6	0.4 *	0.4 *	166 13	-	22
Total	12.0	0.4	0.7	2,108	78.5	364
Mean Prevalence/incidence	13.7	1.1	2.7	95.2	-	-
mean	13.9	0.4	2.2	-	-	-

Note: Figures in parentheses are based on 25 to 49 children; an asterisk indicates that a figure is based on fewer than 25 children and has been suppressed.

Medians and means are based on current status and durations are in months. Either exclusive breastfeeding or breastfeeding and plain water only

Table 10.4 shows the percentage of breastfeeding and non-breastfeeding children who received different types of supplements. Because children may have received more than one type of supplement, the percentages do not add to 100. Only 10 percent of breastfeeding children, age 0-3 months received no other supplements. One in every five infants in this age group received infant formula. The percentage who were given infant formula peaks at 32 percent for infants age 4-6 months and then decreases to 21 percent for those age 7-9 months who were increasingly being given other fluids. For non-breastfeeding children, the number of observations are small; however, the results for this group also indicate that infant formula is commonly given in the first months of life, with other types of milk being given more often as a baby grows older.

In Table 10.4, the extent to which bottles are used to feed infants is also presented. Using a bottle with a nipple increases the state of being under the risk of gastrointestinal infections for children. More than one-third of breastfeeding children age 0-3 months are fed by bottle with a nipple.

In summary, although breastfeeding is universal in Turkey, exclusive breastfeeding is not widely practiced. Early introduction of infant formula and other liquids is common, and bottle-feeding is a popular feeding practice. Results of the TDHS-98 imply that the efforts of national and international organisations to promote appropriate infant feeding practices must be increased.

status and child	s interview, a 's age in mon	ths, Turkey	1998	ng a bottle	min a nipp	nc, by bica	streeting
Age (in months)	Breast milk only	Infant formula	Other milk	Other liquids	Other	Use of bottle with a nipple	Number of children
		BREAST	FEEDING	CHILDRE	N		
0-3	10.2	19.6	13.1	38.8	2.9	36.9	227
4-6	1.7	32.1	20.6	78.4	28.6	46.4	139
7-9	0.0	21.2	35.7	89.3	55.1	46.4	123
10-11	0.0	10.3	42.6	93.7	79.6	38.6	50
12-13	0.0	9.2	27.8	98.9	65.2	15.6	71
14-15	1.1	8.4	42.9	94.9	80.7	25.4	63
16-17	(0.0)	(1.5)	(29.9)	(98.7)	(67.0)	(21.5)	46
18-23	`0.6	3.5	27.2	`97.Ś	77.5	28.0	68
24-29	*	*	*	*	*	*	20
30-35	*	*	*	*	*	*	18
Total 0-35	3.2	16.5	25.8	76.4	43.5	34.8	824
	1	NON-BREA	STFEEDI	VG CHILDI	REN	·	
0-3	*	*	*	*	*	*	18
4-6	(0,0)	(35,7)	(57.7)	(84.7)	(32.1)	(80,6)	41
7-9	0.0	29.0	59.4	95.1	73.9	90.1	66
		A	LL CHILE	REN			<u></u>
Total 0-35	0.0	10.0	48.2	97.2	81.9	49.8	1,189

10.2 Nutritional Status

One of the major contributions of the TDHS to the study of child health status is the anthropometric data collected for all children under five years of age. Both weight and height (length) measurements are obtained for each child. Employing this information, standard indices are used to describe the nutritional status of the children: height-for-age, weight-for-height, and weight-for-age.

In presenting the anthropometric results, the nutritional status of children in the survey population is compared against an international reference population defined by the U.S. National Center for Health Statistics (NCHS) and accepted by the U.S. Centers for Disease Control (CDC) and the World Health Organization (WHO). The use of the international reference population is based on the finding that well-nourished young children of all population groups (for which data exist) follow very similar growth patterns before puberty.

In any large population, there is obviously a natural variation in height and weight. This variation approximates a normal distribution. The reference population serves as a point of comparison, facilitating the examination of differences in the anthropometric status of subgroups in a population and of changes in nutritional status over time.

The height-for-age index presented in Tables 10.5 and 10.6 provides an indicator of linear growth retardation among children. Children who are more than two standard deviations below the median of the reference population in terms of height-for-age may be considered short for their age ("stunted"), or chronically undernourished. Children who are below minus three standard deviations (-3 SD) from the median of the reference population are considered severely stunted. Stunting reflects the outcome of a failure to receive adequate nutrition over a long period of time, and is also affected by recurrent and chronic illness. Thus, height-for-age, represents a measure of the long-term effects of undernutrition in a population and does not vary appreciably according to the season of data collection. Stunted children are not immediately obvious in a population; a stunted three-year-old child could look like a well-fed two-year-old.

The weight-for-height index measures body mass in relation to body length. Children who are more than two standard deviations below the median of the reference population in terms of their weight-for-height may be considered too thin ("wasted") or acutely undernourished. Severe wasting represents the failure to receive adequate nutrition in the period immediately before the survey and may be the result of recent illness episodes, especially diarrhea, or of seasonal variations in food supply.

Weight-for-age takes into account both acute and chronic undernutrition and often is used to monitor nutritional status on a longitudinal basis. It is a useful tool in clinical settings for continuous assessment of nutritional progress and growth. Children whose weight-for-age is below minus two standard deviations from the median of the reference population are classified as "underweight." In the reference population, only 2.3 percent of children fall below minus two (-2 SD) for each of the three indices.

Table 10.5 shows how the percentage of children under five years of age classified as undernourished according to the height-for-age, weight-for-height, and weight-for-age indices varies with the child's age and selected demographic characteristics.

Table 10.5 Nutritional status of children by background characteristics

Percentage of children under five years of age who are classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by selected background characteristics, Turkey 1998

	Height	-for-age	Weight-1	or-height	Weight	-for-age	
Background characteristic	Percentage below -3 SD	Percentage below -2 SD	Percentage below -3 SD	Percentage below -2 SD	Percentage below -3 SD	Percentage below - 2 SD ¹	Number of children
Child's age							
Under 6 months	0.4	2.0	0.2	2.1	0.5	1.7	285
6-11 months	1.0	4.6	0.9	3.7	0.9	7.0	298
12-23 months	4.9	16.7	0.6	2.9	2.6	10.5	547
24-35 months	7.1	17.4	0.3	1.4	1.7	8.2	481
36-47 months	10.8	20.1	0.3	1.4	1.8	9.7	496
48-59 months	7.8	23.7	0.0	0.7	0.5	9.0	570
Sex of child							
Male	5.8	16.0	0.6	2.1	1.7	8.4	1,415
Female	6.4	16.0	0.1	1.7	1.0	8.1	1,261
Birth order							
1	4.1	13.5	0.4	1.8	1.0	7.5	929
2-3	5.7	14.2	0.3	2.0	1.2	7.0	1,172
4-5	7.1	17.5	0.8	2.4	2.5	10.2	329
6+	14.1	32.2	0.0	1.2	2.5	14.8	247
Birth interval							
First birth	4.0	13.4	0.4	1.9	1.0	7.6	938
Under 24 months	12.2	24.9	0.5	2.6	2.3	12.3	426
24-47 months	7.4	18.3	0.4	1.6	2.0	8.8	687
48+ months	3.7	11.3	0.1	1.6	0.7	5,9	625
Residence							
Urban	4.7	12.6	0.3	1.7	0.9	6.2	1,696
Rural	8.4	22.0	0.4	2.3	2.3	11.9	981
Region							
West	3.6	9.9	0.2	1.5	0.2	3.8	763
South	4.3	13.5	0.3	2.2	1.7	8.9	407
Central	4.3	11.6	0.1	1.3	1.3	5,4	643
North	2.9	12.8	0.0	1.6	0.6	4.8	211
East	12.9	30.0	0.9	2.9	3.0	17.1	652
Education							
No educ./Pri. incomp.	14.4	31.0	0.4	2.4	3.4	17.2	710
Pri. comp./Sec. incomp.	3.5	11.8	0.3	1.7	0.8	5.6	1.652
Sec. comp./+	1.1	4.0	0.5	1.8	0.2	2,4	315
Total							

Note: Figures are for children born in the period 0-59 months preceding the survey. Each index is expressed in terms of the number of standard deviation (SD) units from the median of the NCHS/CDC/WHO international reference population. Children are classified as malnourished if their z-scores are below minus two or minus three standard deviations (-2 SD or -3 SD) from the median of the reference population.

¹ Includes children who are below -3 SD

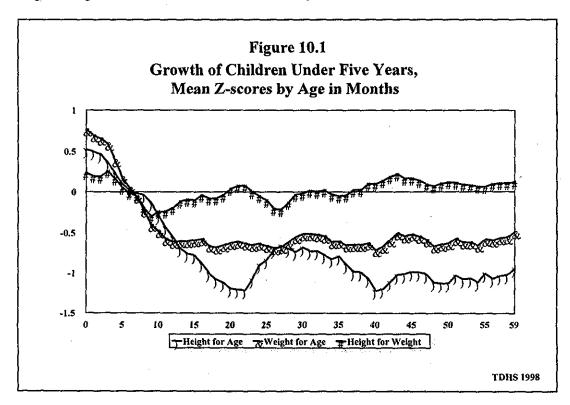
Table 10.6 Anthropometric indicators of maternal nutritional status

Percent distribution and mean and standard deviation for women who had a birth in the five years preceding the survey, by selected anthropometric indicators (height, weight, and body mass index (BMI)), Turkey 1998

		Total plus
Indicator	Total	missing
Height (cm)	^^	
135.0-139.9	0.2	0.2
140.0-144.9	1.9	1.8
145.0-149.9	11.1	10.7
150.0-154.9	28.0	27:0
155.0-159.9	32.4 20.7	31.3
160.0-164.9	4.9	19.9 4.8
165.0-169.9 170.0-174.9	0.7	0.7
>= 180.0	0.7	0.7
Missing	0.1 -	3.6
Total	100.0	100.0
Mean	156.2	100.0
Standard deviation	5.7	_
		_
Number of women	2,524	2,617
Weight (kg)		
35.0-39.9	0.3	0.3
40.0-49.9	12.4	11.9
50.0-59.9	32.5	31.2
60.0-69.9	28.6	27.5
>= 70.0	26.2	25.2
Missing	-	3.9
Total	100.0	100.0
Mean	63.3	-
Standard deviation	12.5	•
Number of women	2,191	2,281
BMI (kg/m²)		
12.0-15.9 (Severe)	0.1	0.1
16.0-16.9 (Moderate)	0.2	0.2
17.0-18.4 (Mild)	2.3	2.2
18.5-20.4 (Normal)	8.7	8.3
20.5-22.9 (Normal)	19.5	18.7
23.0-24.9 (Normal)	17.0	16.3
25.0-26.9 (Overweight)	16.6	15.9
27.0-28.9 (Overweight)	11.6	11.1
29.0-29.9 (Overweight)	5.2	5.0
>= 30.0 (Obese)	18.8	18.0
Missing	•	4.3
Total	100.0	0.001
Mean	26.0	•
Standard deviation	5.0	•
Number of women	2,183	2,281

In the TDHS, all children under five years of age whose mother was interviewed are included in the anthropometric data collection. However, not all eligible children are included in the results presented here; height or weight measurements are missing for 18 percent of eligible children (see Appendix D). In addition, since two of the indices (height-for-age and weight-for-age) are influenced by the accuracy of the reporting of the child's age, a small number of children (1 percent) were excluded from the calculation because the month and year of birth was not known. Hence, height and weight data are shown for only 81 percent of the eligible children.

Figure 10.1 shows the extent to which Turkish children deviate at various ages from the reference population in terms of z-scores for the three nutritional indices. The weight-for-height z-score is close to that of the reference population except for children in the second half of the first year, when the z-scores are negative (i.e., the children are thinner). There is a rapid decline in the height-for-age and weight-for age z-scores after the first 6 months of life. Height-for-age continues to decline until the fourth year of life. In contrast, weight-for-age stabilizes around the second birthday.



As a whole, the youngest children show little evidence of undernutrition (Table 10.5). However, the proportion classified as stunted exhibits a steady increase starting in the first year of life. The deterioration in nutritional status continues through the second and third years of life, and, thereafter, appears to reach a plateau. Among children 24-59 months of age, around 20 percent are classified as stunted. According to the survey (Table 10.5), by age 5, around one-quarter of the children are chronically undernourished, with eight percent considered as severely stunted. These patterns reflect inadequate feeding practices and the presence of recurrent and chronic illness.

A z-score provides a measure of the mean number of standard deviation units above or below the median for the reference population that the values for the index for the children in the TDHS sample fall.

The fact that undernutrition percentages increase with the increasing birth order is important. Nearly one-third of children of birth order six or above and almost one-fifth of children of birth orders four and five are stunted. Birth interval is one of the most important variables affecting the height-for-age index. Children who are born with an interval of less than two years are much more prone to be stunted. Of these children, 25 percent are stunted and 12 percent are severely stunted.

Overall, wasting is not a problem. Only two percent of children have a weight-for-height z-score below -2SD which is very close to the reference population. However, this figure increases to four percent among children between 6-11 months of age and it is three percent among children age 12-23 months.

Weight-for-age is an index reflecting both height-for-age and weight-for-height. According to the survey results, eight percent of all children are underweight, and one percent are severely underweight. Birth order and birth interval are among the most important factors affecting this index. Fifteen percent of children of birth order six and higher and 12 percent of children born after a birth interval of less than 2 years are classified as undernourished on the weight-for-age index.

Table 10.5 also shows the percentage of children under five years of age classified as undernourished (according to the three anthropometric indices) by selected background characteristics. There are striking differences in the percentage classified as stunted according to the mother's level of education. Undernutrition is not a problem among children of mothers with secondary education or higher; the percentage of children who are below the -2 SD cut-off point (4 percent) is close to that seen for the reference population (2.3 percent). In contrast, almost one-third of children whose mothers lack formal education are classified as stunted. There are also urban-rural and regional differences. Stunting is more common in rural (22 percent) than in urban areas (13 percent). The highest level of stunting is seen in the East region (30 percent) and the lowest levels are in the West and Central regions (10 and 12 percent, respectively). Similar results are observed for the weight-for-height and weight-for-age indices.

In summary, the anthropometric findings from the TDHS-98 suggest that, for many Turkish children, deterioration in nutritional status is observed after 6 months of age. In particular, stunting is a serious problem among children, especially in the East region. A comparison with the 1998 findings with the results of the TDHS-93 indicates that there was little change in the nutritional status of children in Turkey during the five-year period between the surveys. For example, the proportion stunted in 1998 is only slightly lower than the level observed in 1993 (18 percent). Improvements in the nutritional status of Turkish children will be obtained when children are no longer exposed to a number of risk factors, especially short birth intervals and high parity. An intersectoral approach is necessary to discourage mothers from introducing supplementary food too early, to train mothers on the timely introduction of appropriate supplementation, and to assist couples to keep the number of children within their desired limits and ensure optimal birth spacing through effective family planning.

10.3 Maternal Nutrition

In order to assess women's nutritional status, women who had given birth in the five-year period before the interview were weighed by an electronic scale and their heights were measured by a wooden measuring board (i.e., with the same equipment used to obtain children's measurements).

Table 10.6 presents the distribution as well as the means and standard deviations of the anthropometric indicators for eligible women: height, weight, and body mass index. Indicators based on a woman's weight-for-height exclude pregnant women and women with a birth within the 2 months preceding the interview. The table shows that anthropometric measures are available for most eligible women, with height or weight measurements are missing for 4 percent of respondents.

Balanced nutrition during childhood and the adolescent period has a positive impact on linear growth, whereas poor nutrition and experience of a severe illnesses, particularly in early childhood, can affect growth negatively. Maternal height is useful in predicting the risk of delivery complications since short stature is frequently associated with a small pelvis size. The height below which women are considered to be at risk of such complications is in the range of 140-150 centimetres, with 145 centimetres being a standardly accepted cutoff for identifying maternal malnutrition. According to the TDHS-98 results, the mean height for mothers was 156 centimetres, one centimetre higher than the mean reported in the TDHS-93. Two percent of mothers were shorter than 145 centimetres, and 13 percent were below 150 centimetres. The mean maternal weight was 63.3 kilograms. More than one-fourth (26 percent) of mothers weighed more than 70 kilograms.

The body mass index (BMI) assess the relation between height and weight and is calculated by dividing the weight in kilograms by the squared height in metres. A body mass index of less than 18.5 is used to identify cases of chronic undernutrition. A BMI higher than 25.0 is often used to identify women with problems with overweight and obesity, although there is no standard definition of obesity. In the TDHS-98, the mean BMI of nonpregnant mothers was 26. The mothers' BMI fell below 18.5 in 3 percent of cases. Fifty-two percent of the mothers had a BMI above 25.0, including 19 percent who had a BMI of at least 30.

Table 10.7 shows the nutritional status of mothers by selected background characteristics. Younger generations of women appear to be taller than women age 35 and over. The level of education is also directly associated with women's height. Mothers who have had no education or did not complete primary education are, on the average, 3.2 centimeters shorter than those with secondary education or more. Educational level also appears to be related with the body mass index. Mothers with no education had an average BMI of 27 while mothers with secondary or more education had an average BMI of 24.6.

Table 10.7 Nutritional status of mothers by background characteristics

Among women who had a birth in the five years preceding the survey, mean height and percentage under 145 centimeters, mean body mass index (BMI) of women, and percentage of women whose BMI is less than 18.5 (kg/m²), by selected background characteristics, Turkey 1998

		Height		BMI				
Background characteristic	Mean	Percentage <145 cm	Number of women	Mean	Percentage <18.5	Number of women		
Age						 .		
15-19	156.6	0.0	133	23.0	6.8	102		
20-24	156.4	2.3	672	24.7	3.9	562		
25-29	156.4	1.5	807	25.7	2.3	697		
30-34	156.2	1.6	535	26.7	1.4	481		
35-49	155.6	4.2	377	28.5	1.3	341		
Residence								
Urban	156.5	1.9	1,643	26.0	2.8	1,442		
Rural	155.7	2.4	881	25.8	2.0	741		
Region								
West	156.6	2.0	821	25.9	3.1	733		
South	156.3	1.5	372	26.2	2.8	321		
Central	156.3	1.9	589	25.7	2.6	516		
North	156.0	1.9	193	26.4	2.4	166		
East	155.6	2.8	549	26.0	1.4	446		
Education								
No educ./Pri, incomp.	154.9	4.9	596	27.0	1.8	498		
Pri. comp./Sec. incomp.	156.3	1.3	1,586	25.9	2.8	1,373		
Sec. comp./+	158.1	0.5	342	24.6	2.7	311		
Total	156.2	2.1	2,524	26.0	2.5	2,183		

Note: Table includes only women who had a birth in the five years preceding the survey. The BMI index excludes pregnant women and those who are less than three months postpartum.

CHAPTER 11

KNOWLEDGE OF AIDS AND SEXUALLY TRANSMITTED DISEASES

Attila Hancıoğlu and A. Sinan Türkyılmaz

The TDHS-98 included questions to assess the knowledge of sexually transmitted diseases (STDs) and several questions on AIDS to assess the knowledge and attitudes of respondents regarding transmission mechanisms and prevention of infection with the AIDS virus. All women age 15-49 years and eligible husbands were asked whether they had ever heard of AIDS, and if so, what were their sources of information concerning prevention and treatment of the disease, and what were their personal perceptions about the risk of getting the disease.

11.1 Source of Information about AIDS

Tables 11.1.1 and 11.1.2 show the percentage of all women and the husbands of currently married women who have heard of AIDS by source of information, according to background characteristics. In the TDHS-98, a respondent may report having heard about AIDS from more than one source. Overall, 84 percent of women and 93 percent of husbands have heard about AIDS. Regional differentials are significant in this respect. While 92 percent of women living in the West region have heard of AIDS, the figure declines to 58 percent in the East region. Although the West-East differential is not as great for husbands, there is still a significant differential (97 versus 78 percent). As expected, urban women and husbands are more knowledgeable about AIDS than their rural counterparts.

Eighty percent of all women received information about AIDS from television, 28 percent from newspapers or magazines, 11 percent from friends or relatives, and 10 percent from radio broadcasts. Sources of information for husbands appear to have a slightly different pattern; 85 percent of husbands received information about AIDS from television, 54 percent from newspapers or magazines, 22 percent from radio broadcasts, and 14 percent received from friends or relatives. For both women and husbands, the television is the leading source of information on AIDS. For husbands, newspapers are also a common source of information on AIDS. It is notable that neither schools, nor religious institutions are major sources of information.

The percentage of women and husbands who have heard of AIDS varies by age. Older husbands appear to be less knowledgeable about AIDS. For women, though, the age differential is not as great. For both women and husbands, those in their 20s and 30s are more likely to have heard of AIDS than older and younger groups.

As with many other indicators, level of education is closely related to AIDS knowledge. Almost all women with secondary education have heard of AIDS, while this figure declines to 55 percent for women with less than primary education. A similar differential exists for husbands.

More than one-third of currently married women and more than one-quarter of never-married women mentioned having heard of sexually transmitted diseases (STDs) other than AIDS (Table 11.2). STDs are more widely known by husbands: more than half of the husbands reported knowing STDs. Regional and urban-rural differentials in this regard are more pronounced for women than husbands. In the West region, 4 in every 10 of currently married women have knowledge of STDs; in the East region this proportion is as low as 2 in every 10 women. Both women and husbands are more likely to be informed about STDs if they have secondary or higher level education. It is noteworthy that irrespective

Table 11.1.1 Knowledge of AIDS and sources of AIDS information: women

Percentage of all women 15-49 who have ever heard of AIDS, percentage who received information about AIDS from specific sources, and mean number of sources of information about AIDS, by background characteristics, Turkey 1998

			S	Source of	AIDS info	ormation	among th	ose who	have hear	d of AID	S			
Background characteristic	Ever heard of AIDS	Radio	TV	News- paper	Pamph-	Health worker	Mosque/ Church		Com- munity meeting	Friend/ Rela- tive	Work place	Other source	Number of women	Mean number of sources
Age							~							
15-19	83.4	11.1	78.2	27.8	4.5	2.2	0.0	13.6	0.0	11.7	0.3	4.0	1,720	1.8
20-24	87.9	12.2	83.6	32.0	4.0	3.5	0.0	3.8	0.0	11.9	0.3	3.1	1.558	1.8
25-29	88.0	11.3	83.6	30.6	4.2	5.0	0.0	2.2	0.0	9.7	0.3	3.3	1.397	1.7
30-39	83.6	9.4	80.5	27.2	2.9	3.7	0.0	0.7	0.0	10.6	0.4	3.6	2,283	1.7
40-49	79.5	8.3	74.5	21.9	1.9	2.7	0.1	0.5	0.0	11.3	0.4	3.1	1,618	1.6
Marital status														
Currently married	83.2	9.5	79.5	24.8	2.6	3.5	0.0	1.0	0.0	10.9	0.3	3.1	5,921	1.6
Formerly married	87.4	11.4	79.9	27.3	3.0	5.5	0.0	0.6	0.0	14.5	0.4	3.0	276	1.7
Never married	86.6	12.5	81.2	35.2	5.5	3.0	0.0	12.0	0.0	11.1	0.4	4.2	2,380	i.9
Residence														
Urban	90.3	11.4	86.0	34.2	4.3	4.0	0.0	4.9	0.0	11.9	0.4	3.6	5,704	1.8
Rural	72.2	8.3	68.0	14.9	1.7	2.1	0.0	2.3	0.0	9.3	0.4	3.2	2,872	1.5
Region														
West	92.3	11.3	86.8	36.2	3.9	4.1	0.1	4.6	0.0	12.3	0.2	3,3	3,204	1.8
South	82.5	11.3	78.6	23.9	3.1	3.3	0.1	2.9	0.0	12.0	0.4	3.7		1.7
Central	90.6	11.3	87.3	26.3	3.9	3.3	0.0	5.2	0.0	9.8	0.4	3.7	1,258	1.7
North	86.4	9.1	83.0	25.8	3.2	3.2 4.4	0.0	4.2	0.0	12.7	0.4	3.0 3.0	1,985 692	1.7
East	58.1	6.8	54.6	15.2	2.1	1.8	0.0	4.2 2.1	0.0	8.3	0.3	3.3	1,437	1.7
	20.1	0.0	34.0	13.4	2.1	1.0	0.0	2.1	0.0	0.3	0.5	3.3	1,437	1.0
Education														
No educ./Pri. incomp.	54.9	4.3	50.6	3.3	0.3	1.2	0.0	0.4	0.0	10.1	1.0	2.4	1,861	1.3
Pri. comp./Sec. incomp.		10.9	86.5	25.3	1.7	2.9	0.0	3.1	0.0	12.0	0.1	2.7	5,158	1.6
Sec.comp./+	99.9	15.8	93.5	65.1	12.9	7.6	0.0	11.6	0.0	8.8	1.3	7.2	1,556	2.2
Total	84.3	10.4	80.0	27.7	3.4	3.4	0.0	4.0	0.0	11.0	0.3	3.4	8,576	1.7

Note: Mean number of sources is based on respondents who have heard of AIDS.

Table 11.1.2 Knowledge of AIDS and sources of AIDS information: husbands

Percentage of husbands who have ever heard of AIDS, percentage who received information about AIDS from specific sources, and mean number of sources of information about AIDS, by background characteristics, Turkey 1998

				Sour	ce of AID	S inform	ation amo	ng those	who have	heard of	AIDS			
Background characteristic	Ever heard of AIDS	Radio	TV	News- paper	Pamph-		Mosque/ Church	School	Com- munity meeting	Friend/ Rela- tive	Work place	Other source	Number of hus- bands	Mean number of source
Age					 -							 _		
15-24	90.9	18.6	83.1	49.6	9.1	6.5	0.0	2.1	2.9	15.2	0.0	10.4	112	2.2
25-29	95.5	22.2	89.0	57.5	6.7	2.1	0.7	0.7	1.8	12.5	1.6	7.0	342	2.1
30-39	94.9	24.4	88.0	60.3	5.6	3.0	0.1	0.7	1.5	11.5	1.6	4.3	716	2.1
40-49	92.8	18.0	82.9	50.8	5.9	4.5	0.2	0.7	2.1	15.6	0.9	5.3	575	2.0
50+	84.1	22.3	74.7	39.8	1.0	2.7	1.6	0.0	3.6	16.3	0.2	4.6	226	2.0
Residence														
Urban	95.1	23.8	87.2	62.3	6.7	3.6	0.4	0.8	2.2	13.0	1.5	6.6	1,347	2.2
Rural	88.3	16.7	79.9	36.4	3.0	3.0	0.5	0.5	1.8	15.0	0.5	3.0	624	1.8
Region														
West	97.1	25.8	89.5	62.8	7.0	3.6	0.6	0.4	1.7	6.9	1.4	7.7	767	2.1
South	91.9	25.1	84.8	47.4	3.7	4.7	0.5	1.2	4.3	20.6	2.1	3.7	285	2.2
Central	95.9	18.0	86.2	55.7	5.7	2.6	0.1	1.3	2.0	17.8	8.0	4.0	481	2.0
North	93.3	13.8	86.0	50.1	4.8	3.9	0.0	0.0	1.2	19.3	8.0	3.4	150	2.0
East	77.8	17.0	70.0	37.0	3.6	2.9	0.5	0.3	1.2	14.7	0.4	4.7	287	2.0
Education														
No educ./Pri. incomp	67.8	15.2	56.3	16.1	0.7	2.5	0.9	0.0	2.0	16.4	0.5	2.5	204	1.7
Pri. comp./Sec. incomp	. 94.1	20.9	86.9	49.4	3.3	3.3	0.5	0.0	2.3	14.9	1.2	3.5	1,253	2.0
Sec. comp./+	100.0	25.9	91.3	80.8	13.0	4.1	0.0	2.7	1.5	9.3	1.3	11.3	513	2.4
Total	92.9	21.6	84.9	54.1	5.5	3.4	0.4	0.7	2.1	13.6	1.2	5.4	1,971	2.1

Note: Mean number of sources is based on respondents who have heard of AIDS.

Table 11.2 Knowledge of AIDS and sexually transmitted diseases (STDs)

Percentage of currently married women, never-married women, and husbands who have heard about AIDS and about other sexually transmitted diseases (STDs), by selected background characteristics, Turkey 1998

	Current	tly married wo	omen	Neve	er-married wo	men	Husbands				
Background characteristic	Knows about Knows STDs, about excluding AIDS AIDS		Number of women	Knows about AIDS	Knows about STDs, excluding AIDS	Number of women	Knows about AIDS	Knows about STDs, excluding AIDS	Number of women		
Age											
15-19	79.5	19.1	262	84.0	20.8	1,454			1		
20-24	86.2	28.1	924	90.0	32.1	612	90.9	44.0	1121		
25-29	87.6	38.4	1,196	90.0	43.1	181	95.5	50.5	342		
30-39	83.2	37.4	2,104	93.8	40.3	104	94.9	55.1	716		
40-49	78.2	37.3	1,434	96.5	47.5	28	92.8	55.6	575		
50+	•	-	0	•	-	0	84.1	57.5	226		
Residence											
Urban	88.9	40.2	3,978	93.7	31.7	1,522	95.1	59.0	1,347		
Rural	71.5	25.5	1,943	74.0	17.5	858	88.3	43.4	624		
Region											
West	91.0	41.5	2,261	95.9	34.5	819	97.1	57.1	767		
South	81.3	33.3	851	84.0	23.0	366	91.9	48.9	285		
Central	89.7	35.9	i,426	93.0	24.9	502	95.9	56.6	481		
North	84.4	30.7	474	92.1	27.2	198	93.3	54.2	150		
East	54.6	23.5	909	64.3	17.5	495	77.8	47.0	287		
Education											
No educ./Pri. incomp.	56.0	21.4	1,546	40.5	8.11	226	67.8	37.5	204		
Pri. comp./Sec. incomp.	91.2	32.9	3,570	87.4	16.3	1,460	94.1	46.0	1,253		
Sec. comp./+	100.0	72.8	804	99.8	52.9	693	100.0	80.3	513		
Total	83.2	35.3	5,921	86.6	26.6	2,380	92.9	54.l	1,971		

of region and place of residence, of educational level and age, AIDS is more widely known by women and husbands. This might be due to the wider coverage of the AIDS disease in the media; it might also be due to the fact that the TDHS-98 questionnaires did not specify STDs but probed respondents to provide names of such diseases. In the case of AIDS, on the other hand, the disease was specifically mentioned by the interviewer.

11.2 Knowledge of Ways to Prevent AIDS

Three percent of women and 2 percent of husbands who have heard of AIDS believe that there are no ways of preventing the contraction of the disease (Tables 11.3.1 and 11.3.2). A further 27 percent of women and 23 percent of husbands were misinformed about the ways of avoiding contraction. Additionally, 30 percent of women and 10 percent of husbands who said that there was a way to avoid getting AIDS then failed to describe ways to avoid AIDS. In other words, although AIDS is generally known by women and husbands, knowledge of ways to avoid it appears to be poor among a substantial minority of both groups.

Table 11.3.1 Knowledge of ways to avoid HIV/AIDS: women

Percentage of all women knowing about AIDS by knowledge of ways to avoid HIV/AIDS, according to selected background characteristics, Turkey 1998

						Ways	to avoid A	IDS						
	No way to avoid AIDS	Abstain from sex	Use condoms	Have only one sex partner	Avoid sex with prosti- tutes	Avoid sex with homo- sexuals	Avoid trans- fusions	Avoid injec- tions	Avoid kissing	Avoid mosquito bite	Other	Don't know specific ways	Percentage with misinfor- mation ¹	Number of women
Age														<u></u>
15-19	4.4	7.2	10.4	10.6	8.8	0.2	7,4	2.2	0.6	0.0	26.5	37.8	27.1	1,434
20-24	3.1	5.3	19.1	15.3	14.0	8.0	8.8	2.4	1.4	0.0	26.2	32.5	27.2	1,368
25-29	4.1	4.2	18.6	21.0	14.0	0.3	12.2	3.4	1.1	0.1	24.4	29.2	25.2	1,229
30-39	2.9	5.0	15.7	21.1	20.2	0.3	11.9	4.1	2.0	0.0	25.3	24.9	26.8	1,909
40-49	1.9	7.9	12.7	15.7	19.8	8.0	12.5	3.6	2.1	0.1	27.7	24.7	29.5	1,286
Marital status														
Currently married	3.1	5.5	15.1	18.6	18.1	0.5	10.8	3.2	1.7	0.1	24.5	28.7	25.8	4,925
Formerly married	1.4	6.5	22.1	13.4	16.5	0.0	12.4	4.6	1.2	0.0	27.8	26.2	28.1	241
Never married	3.8	6.8	14.8	13.4	9.6	0.4	9.8	3.0	1.1	0.0	29.4	32.0	30.1	2,060
Residence													•	
Urban	2.8	5.7	18.9	19.1	15.8	0.5	13.1	3.8	1.6	0.0	26.4	25.4	27.7	5,152
Rural	4.4	6.3	6.2	11.7	15.2	0.5	4.2	1.8	1.2	0.1	24.9	40.0	25.8	2,074
Region														
West	3.0	3.6	21.5	21.6	16.3	0.5	12.4	3.5	1.9	0.0	24.6	26.1	26.2	2,957
South	3.3	10.6	10.3	10.8	13.1	0.1	8.2	3.3	1.3	0.1	24.4	35.6	25.2	1,037
Central	3.8	6.0	13.5	15.0	13.7	0.5	9.6	3.2	1.3	0.0	31.3	27.5	32.1	1,799
North	1.9	7.8	10.0	20.0	22.6	0.6	13.2	3.2	1.8	0.3	20.6	28.0	21.9	598
East	4.1	6.3	6.6	9.9	15.5	0.6	7.2	2.1	0.8	0.0	25.2	40.1	25.9	835
Education														
No educ./Pri. incomp.	3.8	6.4	6.2	10.7	20.2	0.3	4.3	1.7	1.7	0.1	19.2	40.4	20.8	1,021
Pri. comp./Sec. incomp		6.1	11.4	14.7	15.7	0.3	8.1	2.2	1.3	0.0	23.9	34.1	24.9	4,650
Sec. comp./+	1.6	4.9	32.7	27.8	12.4	1.0	21.9	7.1	1.8	0.1	36.6	8.9	37.9	1,555
Total	3.3	5.9	15.2	16.9	15.6	0.5	10.6	3.2	1.5	0.0	26.0	29.6	27.1	7,226

Table 11.3.2 Knowledge of ways to avoid HIV/AIDS: husbands

Percentage of all husbands knowing about AIDS by knowledge of ways to avoid HIV/AIDS, according to selected background characteristics, Turkey 1998

						Ways	to avoid A	IDS						
Background	No way to avoid AIDS	Abstain from sex	Use condoms	Have only one sex partner	Avoid sex with prosti- tutes	Avoid sex with homo- sexuals	Avoid trans- fusions	Avoid injec- tions	Avoid kissing	Avoid mosquito bite	Other	Don't know specific ways	Percentage with misinfor- mation ¹	Number of
Age									····.					
15-24	3.0	0.7	30.7	11.5	30.8	0.7	7.9	1.6	1.5	0.0	21.9	12.8	22.7	102
25-29	3.3	3.3	27.2	27.5	26.0	3.1	13.3	3.9	1.7	0.2	18.8	10.0	20.4	327
30-39	1.7	5.1	21.4	25.6	29.4	2.2	16.8	4.6	2.6	0.0	21.0	8.9	23.3	679
40-49	1.4	6.8	17.6	22.0	32.8	2.0	17.1	3.4	2.9	0.2	21.6	9.3	23.1	534
50+	2.4	2.7	9.5	9.9	37.6	3.6	12.6	5.2	1.9	0.0	25.0	11.6	25.4	190
Residence														
Urban	1.6	4.8	23.3	22.7	32.5	2.7	19.2	5.1	3.0	0.1	22.5	7.0	24.6	1,281
Rural	3.2	4.6	14.5	21.8	26.6	1.5	6.4	1.5	1.1	0.0	18.2	16.0	18.9	551
Region														
West	1.5	4.4	26.1	19.3	33.7	2.6	23.6	7.4	2.2	0.0	20.0	5.5	21.7	745
South	3.4	5.3	14.9	21.8	35.2	3.3	11.8	1.7	2,6	0.3	14.8	16.6	16.9	262
Central	1.3	4.7	19.2	21.9	27.2	1.7	9.5	1.8	3.0	0.0	25.4	8.4	26.8	462
North	2.3	2.4	18.1	41.7	22.5	2.0	8.9	2.8	3.2	0.3	22.8	13.3	25.2	140
East	3.8	6.9	13.5	23.0	27.6	1.9	8.1	0.9	1.0	0.3	23.1	16.1	24.3	223
Education														
No educ./Pri.incomp.	2.7	2.8	6.6	11.4	33.6	0.0	6.4	1.1	1.4	0.0	18.0	23.6	18.0	139
Pri. comp./Sec. incomp.	2.7	5.6	17.9	19.0	32.3	1.5	10.8	2.2	2.2	0.1	18.8	11.6	20.7	1.180
Sec. comp./+	0.4	3.5	30.7	33.5	26.3	4.9	28.1	9.0	3.0	0.2	27.6	1.6	29.3	513
Total	2.1	4.8	20.6	22.5	30.7	2.4	15.3	4.0	2.4	0.1	21.2	9.7	22.9	1,832

Women and husbands who stated that AIDS is preventable generally were able to state more than one way to avoid it. Among women, the most common responses were that AIDS can be prevented by having sex with one partner (17 percent), by avoiding sex with prostitutes (16 percent), and by using condoms (15 percent). Similarly, among husbands, the most common responses were that AIDS can be prevented by avoiding sex with prostitutes (31 percent), by having sex with one partner (23 percent), by using condoms (21 percent) or by avoiding blood transfusions (15 percent). Sizeable percentages of respondents also mentioned other ways (26 percent for women and 21 percent for husbands). A small percentage of women and husbands cited avoiding having sex with homosexuals and avoiding injections (less than 5 percent) as ways to avoid getting AIDS.

Knowledge of ways to prevent AIDS varies by region and educational level. The percentage of women who say that AIDS can be avoided by having only one sex partner varies from 10 percent in the East region to 22 percent in the West region; for husbands, percentages for this category vary from 19 percent in the West region to 42 percent in the North region. The percentage of husbands and women who stated using condoms as a way to avoid AIDS varies from 7 percent for husbands and 6 percent for women for the lowest educational category, to 31 percent for husbands and 33 percent for women for those with the highest educational qualifications.

11.3 Perception of Risk of AIDS

More than two-thirds of women and husbands who have heard of AIDS stated that a healthy-looking person could have AIDS (Tables 11.4.1 and 11.4.2). Significant proportions of women and husbands (17 and 13 percent, respectively) did not know whether this was possible. Differentials by subgroups are again significant and similar patterns are applicable for both women and husbands. Women and husbands living in the West region, those living in urban areas, and those with higher educational qualifications are more likely to know that it is possible for a person with AIDS to look healthy. Younger women and husbands are also more knowledgeable about this fact than their older counterparts.

It appears that the general perception of the disease in Turkey is that it is almost always fatal. Sixty-five percent of women and 74 percent of husbands stated that AIDS was almost always a fatal disease. Very few women and husbands think that AIDS almost never kills. It is interesting to note that subgroup differentials are not great in this respect, meaning that the perception of AIDS as a fatal disease is universal among all subgroups of Turkish society.

Table 11.4.1 Knowledge of AIDS-related issues: women

Percent distribution of women by responses to questions on various AIDS-related issues, according to selected background characteristics, Turkey 1998

		n a healthy-le have the Al						
Background characteristic	Yes	No	Don't know/ Missing	Almost never	Sometimes	Almost always	Don't know/ Missing	Number of women
Age					· · · · · · · · · · · · · · · · · · ·			
15-19	73.0	15.9	11.1	4.1	22.2	59.0	14.7	1,434
20-24	72.2	13.4	14.4	3.5	17.3	64.6	14.6	1,368
25-29	67.8	14.6	17.5	3.0	16.9	64.6	15.5	1,229
30-39	63.8	16.4	19.8	1.8	14.4	68.4	15.4	1,909
40-49	60.9	16.2	22.9	1.8	13.6	67.6	17.0	1,286
Marital status								
Currently married	64.4	15.7	19.9	2.4	14.8	66.0	16.9	4,925
Formerly married	65.4	15.0	19.6	3.3	18.7	62.9	15.1	241
Never married	74.7	14.7	10.6	3.7	21.5	62.9	11.9	2,060
Residence								
Urban	71.5	13.9	14.7	2.6	15.8	68.8	12.8	5,152
Rural	57.2	19.2	23.6	3.2	19.3	55.7	21.9	2,074
Region								
West	73.8	11.2	15.0	2.8	14.7	69.6	12.9	2,957
South	61.5	19.9	18.5	3.6	16.6	63.6	16.2	1,037
Central	66.5	14.2	19.3	2.3	17.7	61.6	18.4	1,799
North	65.8	17.9	16.2	1.6	22.3	57.8	18.3	598
East	54.8	25.3	19.8	3.3	18.4	63.0	15.2	835
Education								
No educ./Pri. incomp.	48.7	22.6	28.6	2.1	15.2	59.4	23.3	1,021
Pri. comp./Sec. incomp.	64.4	16.9	18.6	3.4	16.0	63.3	17.3	4,650
Sec. comp./+	88.5	6.0	5.5	1.2	20.3	73.7	4.8	1,555
Total	67.4	15.4	17.2	2.8	16.8	65.0	15.4	7,226

Table 11.4.2 Knowledge of AIDS-related issues: husbands

Percent distribution of husbands by responses to questions on various AIDS-related issues, according to selected background characteristics, Turkey 1998

	Can a healthy-looking person have the AIDS virus?		Is AIDS a fatal disease?					
Background characteristic	Yes	No	Don't know/ Missing	Almost never	Sometimes	Almost always	Don't know/ Missing	Number of husbands
Age								
15-24	75.7	19.3	5.1	1.3	15.8	71.9	11.0	102
25-29	75.7	13.2	11.2	0.6	16.2	73.4	9.8	327
30-39	69.8	18.5	11.7	0.9	16.7	74.9	7.5	679
40-49	62.2	21.9	15.9	1.3	13.8	75.2	9.7	534
50+	61.4	20,2	18.4	2.2	11.3	. 72.5	14.0	190
Marital status			•					
Currently married	68.1	18.8	13.1	1.2	15.2	74.3	9.4	1,832
Residence								
Urban	72.3	17.5	10.2	1.0	16.3	76.0	6.6	1,281
Rural	58.3	21.7	20.0	1.5	12.4	70.2	15.9	551
Region								
West	71.9	18.1	10.0	0.9	15.9	76.8	6.4	745
South	64.7	18.0	17.2	1.3	11.9	73.1	13.7	262
Central	71.6	16.5	11.9	0.7	17.8	71.1	10.4	462
North	56.2	25.6	18.2	0.6	14.5	77.6	7.2	140
East	59.6	22.3	18.1	3.4	11.3	71.7	13.6	223
Education								
No educ./Pri. incomp.	47.2	25.0	27.8	3.1	8.8	74.8	13.3	139
Pri . comp./Sec. incomp.	63.7	21.0	15.3	1.0	12.7	74.6	11.7	1,180
Sec. comp./+	83.9	12.0	4.1	1.0	22.4	73.5	3.1	513
Number of non-married								
-0	- 68:1 -	 18.8	13.1	 1.2	15.2	74.3	9,4	- 1,832
Totaí	68.1	18.8	13.1	1.2	15.2	74.3	9.4	1,832

REFERENCES

Hacettepe University, Institute of Population Studies (HIPS). 1980. Turkish Fertility Survey, 1978. First Report, Volume I: Methodology and Findings. Ankara: HIPS.

Hacettepe University, Institute of Population Studies (HIPS). 1987. 1983 Turkish Population and Health Survey. Ankara: HIPS.

Hacettepe University, Institute of Population Studies (HIPS). 1989. 1988 Turkish Population and Health Survey. Ankara: HIPS.

Hancıoğlu, A. and B. Akadlı Ergöçmen. 1992. Some Social Aspects of Turkish Marital Unions and their Relationship with Early Age Mortality. *Turkish Journal of Population Studies*, 14:3-26.

Krasovec, K. and M.A. Anderson. 1991. Maternal Nutrition and Pregnancy Outcomes: Anthropometric Assessment, Scientific Publication No. 529. Washington D.C.: Pan American Health Organization.

Martorell, R. and J.P. Habicht. 1986. Growth in Early Childhood in Developing Countries, in *Human Growth: A Comprehensive Treatise*. ed. F. Falkner and J.M. Tanner, 3:241-262. New York: Plenum Press.

Ministry of Health, Hacettepe University Institute of Population Studies, and Macro International Inc 1994. Turkish Demographic and Health Survey 1993. Ankara, Turkey.

Population Reference Bureau, 1999. World Population Data Sheet. Book Edition. Washington D.C.

Rutstein, S.O. 1983. Infant and Child Mortality: Levels, Trends, and Demographic Differentials. WFS Comparative Studies No. 38. Voorburg, Netherlands: International Statistical Institute.

Rutstein, S.O. 1984. Infant and Child Mortality: Levels, Trends, and Demographic Differentials.. Revised Edition. WFS Comparative Studies No. 43. Voorburg, Netherlands: International Statistical Institute.

State Institute of Statistics (SIS). 1991. 1989 Turkish Demographic Survey. Ankara: SIS.

State Institute of Statistics (SIS). 1993. 1990 Census of Population: Social and Economic Characteristics of Population. Ankara; SIS,

State Institute of Statistics (SIS). 1997. Statistical Yearbook of Turkey, 1997. Ankara: SIS.

State Institute of Statistics (SIS). 1999. Web site: http://www.die.gov.tr.

Sullivan, J., G.T. Bicego and S.O. Rutstein. 1990. Assessment of the Quality of Data Used for the Direct Estimation of Infant and Child Mortality in the Demographic Surveys. In *An Assessment of DHS-I Data Quality*. DHS Methodological Reports, No.1. Columbia, Maryland: Institute for Resource Development/Macro Systems, Inc.

United Nations Population Fund, 1995, Programme Review and Strategy Development Report. No.48, New York.

·			

APPENDIX A

PERSONNEL INVOLVED IN THE TURKISH DEMOGRAPHIC AND HEALTH SURVEY

APPENDIX A

PERSONNEL INVOLVED IN THE TURKISH DEMOGRAPHIC AND HEALTH SURVEY

Project Director

Prof. Dr. Avkut Toros Hacettepe University, Institute of Population Studies

Survey Director

Assoc. Prof. Dr. Banu Akadlı Ergöçmen Hacettepe University, Institute of Population Studies

Field Director

Assist, Prof. Dr. İsmet Koç Hacettepe University, Institute of Population Studies

Research Assistants

Tuba Dündar (regional coordinator) Hacettepe University, Institute of Population Studies Elif Kurtulus (regional coordinator) Hacettepe University, Institute of Population Studies Burcu Savas Hacettepe University, Institute of Population Studies Kutay Törüner Hacettepe University, Institute of Population Studies

State Planning Organization

Steering Committee Uğur Aytac General Directorate of MCH/FP, Ministry of Health Dr. Mehmet Ali Biliker General Directorate of MCH/FP, Ministry of Health Prof. Dr. Çiğdem Bumin Association for Voluntary Surgical Contraception (AVSC) Hasibe Dedes State Institute of Statistics Assoc.Prof. Dr. Banu Akadlı Ergöcmen Hacettepe University, Institute of Population Studies Nuray Fincancioğlu

Human Resources Development Foundation Prof.Dr. Ömer Gebizlioğlu State Institute of Statistics Assoc. Prof. Dr. Attila Hancıoğlu Hacettepe University, Institute of Population Studies Mehmet Kontas

Head of Data Processing

Assoc. Prof. Dr. Turgay Ünalan Hacettepe University, Institute of Population Studies

Head of Listing

A. Sinan Türkyılmaz Hacettepe University, Institute of Population Studies

Head of Sampling

Assoc. Prof. Dr. Attila Hancıoğlu Hacettepe University, Institute of Population Studies A. Sinan Türkyılmaz Hacettepe University, Institute of Population Studies

Measure/DHS+ Staff

Dr. Edilberto Loaiza Dr. Alfredo Aliaga Dr. Ann Way Han Raggers Jeanne Cushing Darrin Helsel Dr. Sidney Moore Kaye Mitchell

Dr. M. Rifat Köse

General Directorate of MCH/FP, Ministry of Health Ahmet Özırmak United Nations Population Fund (UNFPA) Prof Dr. Zafer Öztek Hacettepe University, Department of Public Health Dr. Pınar Senlet U.S. Agency for International Development (USAID) Prof. Dr. Avkut Toros Hacettepe University, Institute of Population Studies Prof. Dr. Ergül Tuncbilek Hacettepe University, Faculty of Medicine, Department of Child Health Prof. Dr. Sunday Üner Hacettepe University, Institute of Population Studies Dr. Samira Yener State Planning Organization



APPENDIX B SURVEY DESIGN

APPENDIX B

SURVEY DESIGN

A. Sinan Türkyılmaz and Alfredo Aliaga

The major features of **sample design** and **implementation** for the Turkish Demographic and Health Survey (TDHS) are described in this section. **Sample design** features that are discussed include: target sample size, choice of domains, sampling stages, stratification, degree of clustering, and the relationship of design decisions to the nature of the sample frame. Aspects of the sample **implementation** include the cartographic and listing work that was needed to update, improve, or generate the ultimate sample lists of households or individuals, as well as the procedures for the final household selection.

This section also presents information on fieldwork, including descriptions of the recruitment and training of interviewers, the composition of interviewing teams, quality control procedures, and various practical problems encountered. Response rates² for urban and rural areas and regions are presented. An account is also given of the data processing and analysis, including a description of the calculation of the final weighting factors (design and non-response weights).

B.1 Sample Design and Implementation

A weighted, multistage, stratified cluster sampling approach was used in the selection of the TDHS-98 sample. The sample was designed in this fashion because of the need to provide estimates for a variety of characteristics for various domains. These domains, which are frequently employed in the tabulation of major indicators from the survey, are:

- Turkey as a whole;
- Urban and rural areas (each as a separate domain);
- Each of the major five regions of the country, namely the West, South, Central, North, and East regions.

The major objective of the TDHS sample design was to ensure that the survey would provide estimates with acceptable precision for these domains for most of the important demographic characteristics, such as fertility, infant and child mortality, and contraceptive prevalence, as well as for the health indicators. The different populations covered by the TDHS survey were defined as the total population for the Household Questionnaire, as well as all ever-married women younger than age 50 for the Women Questionnaire, all never-married women between ages 15 and 49 for the Single Women Questionnaire, and all husbands (of eligible currently married women) for the Husband Questionnaire. The aim was to survey these populations by designing a sample of households and interviewing an adult member of the household in order to collect information on household members. All women in the household who were identified as eligible in the

¹ For an additional description of these aspects of sample designs for DHS surveys, see the DHS Sampling Manual, Basic Documentation Series, No. 8, pp. 59-66.

² For a more complete discussion of the calculation of response rates, see the DHS *Sampling Manual*, Basic Documentation Series, No. 8, pp. 55-57.

household schedule were interviewed. In addition, husbands of eligible currently married women were interviewed in a subsample of one-half of all households.

B.2 Sample Frame

Different criteria have been used to describe "urban" and "rural" settlements in Turkey. In the demographic surveys of the 1970s a population size of 2,000 was used to differentiate between urban and rural settlements. In the 1980s, this was increased to 10,000 and, in some surveys in the 1990s, to 20,000. A number of surveys used the administrative status of settlements in combination with population size for the purpose of differentiation.

The urban frame of the 1998 TDHS consisted of a list of provincial centres, district centres, and other settlements with populations larger than 10,000, regardless of administrative status. In turn, the rural frame consists of all district centres, subdistricts and villages not included in the urban frame. Initial information on these settlements was obtained from the preliminary results of 1997 Population Count. The preliminary results of 1997 Population Count provided a computerized list of all settlements (provincial and district centres, subdistricts and villages) and their population. The population counts were taken from the cumulative enumeration forms for settlements, which were filled by supervisors during the Population Count.

B.3 Stratification

Currently Turkey is divided administratively into 80 provinces. This figure was 67 for a long time, with new provinces formed since the late 1980s. For purposes of selection in prior surveys in Turkey, these provinces have been grouped into five regions, as described in Chapter 1. This regional breakdown has been popularised as a powerful variable for understanding the demographic, social, cultural, and economic differences between different parts of the country. The five regions, West, South, Central, North, and East regions, include varying numbers of provinces.

One of the priorities of the TDHS was to produce a sample design that was methodologically and conceptually consistent with the designs of previous demographic surveys carried out by the Hacettepe Institute of Population Studies. In surveys prior to the 1993, the five-region division of the country was used for stratification. In the 1993 TDHS, a more detailed stratification taking into account subregions was employed to obtain a better dispersion of the sample. The criteria for subdividing the five major regions into subregions were the infant mortality rates of each province, estimated from the 1990 Population Census using indirect techniques. Using the infant mortality estimates as well as geographic proximity, the provinces in each region were grouped into 14 subregions at the time of the 1993 TDHS. The sub-regional division developed during the 1993 TDHS was used in the 1998 survey.

³ Although all women and husbands who were permanent residents of or were visitors to the sampled households were interviewed during the fieldwork, the tabulations were restricted to those who had slept in the household the night before the interview, i.e., the analysis was based on the de facto population.

^{*}See Hancioğlu, A. 1991. Indirect estimation of mortality from information on the survival status of a close relative: Turkey 1970-1985, Unpublished Doctoral Dissertation, Hacettepe Institute of Population Studies, Ankara.

The 80 provinces of Turkey were classified into 5 regions and 14 subregions as follows:

	Sub		Number
Region	region	Province	of provinces
West	1	Edirne, İstanbul, Kırklareli, Tekirdağ	4
West	2	Balıkesir, Kocaeli, Sakarya, Çanakkale, Bursa, Yalova	6
West	3	İzmir, Denizli, Manisa, Aydın	4
South	4	Muğla, Burdur, İsparta, Antalya	4
South	5	Hatay, Adana, İçel, Gaziantep, Kilis, Osmaniye	6
Central	6	Çankırı, Çorum, Yozgat, Tokat, Amasya	5
Central	7	Bilecik, Eskişehir, Uşak, Kütahya, Afyon	5
Central	8	Ankara, Kırşehir, Nevşehir, Bolu, Konya,	
		Kayseri, Niğde, Aksaray, Karaman, Kırıkkale	10
North	9	Trabzon, Rize, Giresun, Ordu, Artvin	5
North	10	Samsun, Kastamonu, Zonguldak, Sinop, Bartın, Karabük	6
East	11	Mardin, Diyarbakır, Siirt, Hakkari, Bitlis, Van, Batman, Şırna	ık 8
East	12	Kars, Bingöl, Ağrı, Muş, Erzurum, Ardahan, Iğdır	7
East	13	Şanıurfa, Malatya, Adıyaman, K.Maraş, Sivas	5
East	14	Tunceli, Elazığ, Erzincan, Gümüşhane, Bayburt	5

B.4 Sample Allocation

The target sample size of 10,000 households was allocated among the five major divisions using the sampling error estimates from the TDHS-93 in combination with the power allocation technique³ with the expectation that the target sample size would provide about 8,000 completed individual interviews. During the power allocation calculations, the aim was to keep the allocation as similar as possible to the 1993 TDHS. The optimal distribution (with power 0.4) among the five major regions is shown in Table B.1. For purposes of comparison, Table B.1 also shows the allocation of the TDHS-93 sample and the allocation if the TDHS-98 sample had been distributed proportional to the size of the population in each region.

Table B.1 Allocation of sample households Number of households by region using 1993 TDHS sample allocation, an allocation proportional to the population size and an allocation based on the power allocation procedure, Turkey 1998						
	TDHS-98					
Region	Allocation in TDHS-93	Proportional allocation	Power allocation			
West South Central North East	2,700 1,700 2,100 1,500 2,000	4,000 1,400 2,300 800 1,500	2,800 1,800 2,100 1,500 2,000			

To have an adequate representation of clusters within each of the five major regions, it was decided to select 25 households per standard urban segments (each consisting of 100 households) and 15 households per standard rural segment. It was also determined that 70 percent of the 10,000 households would be located in urban settlements and 30 percent in rural settlements. On this basis, the total number of selected standard segments by regions is shown in Table B.2.

³ See Bankier, M.D., 1988. "Power allocations: Determining sample sizes for subnational areas," *The American Statistician*, 42:(3):174-177)

Table B.2	Table B.2 Distribution of sample clusters				
Number of clusters by region and urban-rural residence, Turkey 1998					
Region	Urban segments (Population > 10000) (Cluster size = 25 HHs)	Rural segments (Population < 10000) (Cluster size = 15 HHs)	Number of segments		
West South Central North East	79 51 59 41 50	56 36 42 30 36	135 87 101 71 86		
Total	280	200	480		

B.5 Sample Selection

Selection Procedures

The lists of settlements of urban settlements (settlements with 10,000 or more population) and rural settlements (settlements with less than 10,000 population) constituted the frame for the first stage of the sample selection. For the selection of the first-stage sample, settlements were grouped within each of the 14 subregions, and a systematic random sample of settlements with probability proportional to size (PPS) based on the preliminary 1997 Population Count was selected from the settlement lists. The output from this first stage of the selection was a list of all of the settlements included in the 1998 TDHS sample along with the number of clusters to be drawn from each settlement.

In Turkey, settlements are not divided into small areal units with well-defined boundaries (e.g., census enumeration areas) that can be used for conducting surveys. For some settlements, however, household lists were available from the Structure Schedules that were prepared in 1995 by many municipalities in collaboration with the State Institute of Statistics (SIS). Household lists from the Structure Schedules were available for settlements from which 340 clusters in the TDHS-98 sample were to be drawn. For those settlements, the household lists were subdivided into segments of approximately 100 households. The list of these segments constituted the frame for the selection of the 340 clusters. For each of the selected clusters, SIS provided a list of the dwellings units with their full addresses (quarter, area, avenue/street, building and door number).

SIS was not able to provide a frame from the 1995 Structure Schedules for settlements from which 140 clusters were to be drawn for the TDHS-98. For these settlements, the list of households had to be prepared in the field. In the case of small settlements (less than 250 households), the entire settlement was listed. In the case of the small number of settlements in which there were more than 250 households, 200 households were listed and an estimate of the remaining number of households in the settlement was obtained through a quick count.

Listing and Mapping Activities

Although the SIS had dwelling lists for many clusters, they did not have the corresponding maps. For this reason, the selected clusters were formed with streets that were not always adjacent to each other. Moreover, the lists provided by the SIS did not reflect changes that may have occurred during the period from the 1995 to the survey date. Two types of changes were possible: those that could be updated during listing, such as the construction of a new building on the street, a change in the use of a building (e.g., a flat can be used as an office instead of a dwelling), or changes in the names of streets, and those that were more problematic, e.g., the appearance of new quarters in urban centres.

In an effort to develop strategies for dealing with these as well as other possible problems that might arise, a pilot listing activity was undertaken in the capital, Ankara, before the actual listing activity began. The final listing forms, sketch map formats, and listing and mapping manuals were developed based on this experience.

Forty (40) university students were trained for the main listing activity. Listing teams were formed following a four-day training program in the beginning of June 1998. Each team was provided with maps describing the location of the settlements they were expected to visit as well as other materials needed for the listing. Sixteen (16) listing teams were constituted with one mapper and one lister. The listing operation started on 8th of June. It was carried under the supervision of the research assistants and regional coordinators from the Hacettepe Institute of Population Studies.

The cluster (standard segment) size was around 100 households for most of the clusters in urban areas. Only two urban clusters had extremely low numbers of households; in order to obtain 100 households in these clusters, adjacent streets were added to the original cluster. In some of the selected villages, the total populations also were small, and, therefore, the original cluster did not include 100 households. In these cases, the village that was nearest to the selected village was included in the sample, and the names of these villages were provided to the listing teams; the lists of 100 households were completed from the two villages.

Most of the listing activity was completed before the training for the main fieldwork began in July. Overall, the quality of the listing work produced by the listers was good although it varied somewhat largely in response to problems the listing teams experienced in working in some geographic areas. In particular, there were some problems with the listing of clusters of Adana province where there had been an earthquake. There also were problems with the lists for İçel province. Finally, three clusters were not listed due to problems of accessibility; information on these clusters is presented later in this Appendix.

B.6 Questionnaire Development and Pre-test

Questionnaires

Four main types of questionnaires were used to collect the TDHS data: the Household Questionnaire and the Individual Questionnaires for ever-married women of reproductive ages, for never-married women and for husbands. The contents of these questionnaires were based on the DHS Model "A" Questionnaire, which was designed for the DHS program for use in countries with high contraceptive prevalence. Additions, deletions and modifications were made to the DHS model questionnaire in order to collect information particularly relevant to Turkey. Attention also was paid to ensuring the comparability of the TDHS findings with previous demographic surveys carried out by the Hacettepe Institute of Population Studies. In the process of designing the TDHS questionnaires, national and international population and health agencies were consulted for their comments.

All TDHS questionnaires were developed in English and then translated into Turkish. English versions of the Household and Individual questionnaires are reproduced in Appendix E.

The Household Questionnaire was used to enumerate all usual members of and visitors to the selected households and to collect information relating to the socioeconomic position of the households. In the first part of the Household Questionnaire, basic information was collected on the age, sex, educational attainment, marital status, and relationship to the head of household of each person listed as a household member or visitor. The objective of the first part of the Household Questionnaire was to obtain the information needed to identify women and husbands who were eligible for the individual interview as well as to provide basic demographic data for Turkish households. The second part of the Household Questionnaire included questions on the welfare of the elderly people. In the third part of the Household Questionnaire, questions were included on the

dwelling unit, such as the number of rooms, the flooring material, the source of water, and the type of toilet facilities, and on the household's ownership of a variety of consumer goods.

The Individual Questionnaire for women obtained information on the following subjects:

- Background characteristics
- Reproduction
- Marriage
- Knowledge and use of family planning
- Maternal care and breastfeeding
- Immunisation and health
- Fertility preferences
- Husband's background
- Women's work and status
- Sexually transmitted diseases and AIDS
- Maternal and child anthropometry.

The Individual Questionnaire for ever-married women included a monthly calendar, which was used to record fertility, contraception, marriage and migration histories for a period of approximately six years beginning in January 1993 up to the survey month. In addition, fieldwork teams measured the heights and weights of children under age five and of all women at ages 15-49.

The Individual Questionnaire for never-married women covered the following subjects:

- Background characteristics
- Reproduction
- Marriage
- Knowledge and use of family planning
- Fertility preferences
- Migration
- Women's work and status
- Sexually transmitted diseases and AIDS
- Anthropometry.

The Individual Questionnaire for husbands covered the following topics:

- Background characteristics
- Reproduction
- Knowledge and use of family planning
- Marriage
- Fertility preferences
- Sexually transmitted diseases and AIDS
- Attitudes

As mentioned earlier, the DHS Model "A" Questionnaire for women and men served as the base for the Turkish questionnaires. The DHS model questionnaires weres modified to include subjects of particular interest in Turkey. The following is a list of some of the main differences between the standard DHS questionnaire and the TDHS questionnaire.

Information on the mother tongues and second languages known by the respondent, her husband, and their parents was collected in the TDHS.

- Additional questions were asked to respondents regarding their cumulative numbers of abortions, miscarriages and stillbirths; specific questions regarding the last abortion were also included.
- A separate section on nuptiality was included in the Individual Questionnaire of the TDHS;
 this included a number of questions already in the standard DHS questionnaire, as well as questions on the type of marriage, arrangement of marriage, and consanguinity, etc.
- In the husbands questionnaire withdrawal users were asked two additional questions to determine whether they were using this method in combination with other methods.
- Respondents were asked a series of additional questions concerning their attitudes and beliefs regarding the pill, the IUD, the condom and withdrawal. The questions probed whether women thought these methods were reliable, easy to use, or harmful to their health and whether their husbands opposed their use.
- A series of reproductive health questions were included.
- Questions on the foods children were given for the last seven days on cough/acute respiratory tract infection and fever were not included.
- Questions to ascertain the general level of knowledge on diarrhoea were not included
- A number of questions regarding recent sexual activity as well as initiation of sexual activity were not included.
- A separate section dealing with the attitudes, beliefs and behaviour of women regarding intramarital relationships, child-rearing, and status of women was included in the TDHS Individual Questionnaire.

Pre-test

In May 1998, a pre-test was conducted to ensure that the questions in the TDHS questionnaires were in a logical sequence; that the wording of the questions was comprehensible, appropriate and meaningful; and that the precoded answers were adequate.

Nineteen interviewers were trained at the Hacettepe Institute of Population Studies for a period of two weeks. The training period included both classroom training and interviews in the field. The interviewers were mostly university students and graduates. In addition to the interviewers, research assistants, who would later become regional coordinators and supervisors, also received training.

Fieldwork for the pretest was carried out in one district in central Ankara, two districts in squatter housing areas of Ankara, and three villages in Ankara province. A total of 185 household, 172 ever-married women, 72 husband and 45 never-married women interviews were completed during the pretest. Frequency distributions and cross tabulations were obtained shortly after the completion of the interviews. Based on the evaluation of these results and on the feedback obtained from the interviewers, several minor changes were made to the TDHS questionnaires.

B.7 Data Collection Activities

Staff Recruitment and Training

Candidates for the positions of interviewers, field editors, supervisors and measurers were solicited in announcements sent to the all universities in Ankara and from the Institute of Population Studies files of field staff who had worked on previous surveys. All candidates for the field staff positions were interviewed in four groups by the staff of the Institute of Population Studies using interview guidelines prepared for this purpose. Individuals who met a number of the requirements and had the necessary qualifications were accepted into the training program.

All candidates for the field staff positions were at least high school graduates and the majority were university students. Previous survey experience was not among the qualifications for the candidates for the position of interviewers in order to ensure that the trainees had no biases that might result from their previous experience. Approximately 120 applicants were accepted for the training program.

Training of the candidates for the fieldwork positions was conducted in July 1998 for three weeks at the Hacettepe Institute of Population Studies. The training program included general lectures related to the demographic situation in Turkey, family planning and mother and child health, questionnaire training, role playing and mock interviews, field practice in areas not covered in the survey and quizzes to test the progress and capabilities of the candidates. A variety of materials were used during the training sessions, including manuals for supervisors and editors, and for interviewers.

All trainees received the same classroom training during the first two weeks of the training period; at the end of the third week, supervisors, field editors, and measurers were selected from among the candidates, and a number of unsuccessful candidates were eliminated at this stage. Separate classroom training sessions were organised for supervisors, field editors, and measurers.

Fieldwork

Fieldwork for the TDHS, including initial interviews, callbacks and reinterviews began in the first week of August 1998 and was completed at the end of November 1998.

Fieldwork activities were completed in two stages. In the first stage, data collection was carried out by 12 teams, each consisting of a supervisor, a field editor, and 4 or 5 female and one male interviewers, depending on the workload of that specific team. The male interviewer and field editor worked as measurers as well. The first stage of the fieldwork was completed by the end of September, at which point a number of fieldwork staff, as agreed initially, discontinued working in the field. Four new teams were set up from among the staff of the 12 teams that had worked in the first stage of fieldwork. The teams at this second stage had the same composition as those in the first stage. These teams continued with data collection activities until the end of November.

Four regional coordinators were responsible for visiting the fieldwork teams in turn, checking the quality of data collected, and reporting periodically to the field director in Ankara.

Fieldwork teams visited 76 of the 80 provinces in Turkey. The TDHS fieldwork was a relatively rapid operation because of the specific conditions prevailing in the country, i.e., a large proportion of the fieldwork staff consisted of students who had to begin school in October and climatic conditions in many parts of the country limited access after October.

A total of 480 clusters were selected for the TDHS sample. Of these, interviews were successfully completed in 476 clusters. Due to problems of access and lack of security, three clusters were not listed and, consequently, were not visited by the fieldwork teams; in addition, a cluster that had been listed could not be visited by the fieldwork teams.

B.8 Data Processing and Analysis

Office Editing

The questionnaires were returned to the Institute of Population Studies by the fieldwork teams for data processing as soon as interviews were completed in a province. The office editing staff checked that the questionnaires for all the selected households and eligible respondents were returned from the field. The comparatively few questions that had not been precoded (e.g., occupation) were coded at this time.

Machine Entry and Editing

The data were entered and edited on microcomputers using the Integrated System for Survey Analysis (ISSA), a package program specifically developed to process DHS data. ISSA allows range, skip, and consistency errors to be detected and corrected at the data entry stage. The machine entry and editing activities were initiated within one week after the beginning of the fieldwork and were completed a few days after the completion of the fieldwork.

Advantage was taken of the fact that data processing activities ran concurrently with fieldwork. Field check tables from edited data were periodically produced for each interviewing team. These focused on such potential problems as high proportions of incomplete households and displacement of eligible respondents and were used to check the progress and quality of data from the field.

B.9 Calculation of Sample Weights

As mentioned earlier, the TDHS sampling plan is not a self-weighted one. In particular, a disproptionate number of sample units were chosen from the North, East and South regions, since there would have been inadequate numbers of observations for these areas if the target number of households had been proportionally allocated across regions. The following describes the procedure for calculating the weights to be used in the analysis of the TDHS-98 results. Since the final selection was not implemented proportionally in urban and rural areas within each subregion, and since there was some variation in urban and rural nonresponse rates, separate weights are calculated for rural and urban areas within each of the 14 subregions.

The major component of the weight is the reciprocal of the sampling fraction employed in calculating the number of units in that particular stratum (subregion):

$$W_h = 1 / f_h$$
.

The term f (h), the sampling fraction at the hth stratum, is the product of the probabilities of selection at every stage in a stratum:

$$f_h = P_{1h} * P_{2h} * P_{3h}$$

where P_{ih} is the probability of the sample unit in the i-th sample stage for the h-th strata.

A second component taken into account in the calculation of the weights is the level of nonresponse for the household and the individual interviews. The adjustment for household nonresponse is equal to the inverse value of:

R_{bb} = Completed households/Eligible households.

Eligible households include households where interviews were completed, households where there were no competent respondents, households where interviews were postponed and eventually not completed, refusals, and those dwellings that were not found by the fieldwork teams.

Similarly, the adjustment for nonresponse in the women's survey is equal to the inverse value of:

R_{ww} = Completed women questionnaires/Eligible women.

Approximately half of the households were selected for the husband questionnaires. The rule for the selection of a household for husband interview was very simple. If the cluster was even-numbered, then the households whose number was even were selected for husband interview or vice versa. A separate set of sampling weights were calculated for the husband sample following procedures similar to those described above. For the husband survey, the adjustment for nonresponse is defined as:

R_{mm} = Completed husband questionnaires/Eligible husbands.

The weights for the subregions regions and the factors compensating for nonresponse are shown in Table B.3.1 for women and Table B.3.2 for husbands.

The weights for the TDHS-98 also include an adjustment for the missing clusters (one cluster in subregion 7 and three clusters in subregion 11).

The unadjusted weights for the households were calculated by multiplying the above factors for each subregion; they were then standardised by multiplying these weights by the ratio of the number of completed interviewed households to the total unadjusted weighted number of households. A similar standardisation procedure was followed in obtaining the weights for the individual women's and the husbands' data. The final weights for households and individual women and husband are shown in Table B.4.

Table B.3.1 Design weights and nonresponse factors: women sample

Design weights and nonresponse factors by subregion and urban-rural residence for the women and husbands samples, Turkey 1998

Region	Subregion	Residence	Inverse of overall sampling fraction	Household level	Women level
West	Subregion 01	Urban	2452082 / 950	875 / 792	893 / 761
	Ü	Rural	194415 / 405	374 / 366	389 / 358
West	Subregion 02	Urban	951430 / 475	400 / 384	370 / 345
	_	Rural	422277 / 210	189 / 186	181 / 166
West	Subregion 03	Urban	1110291 / 550	478 / 445	437 / 395
	-	Rural	537244 / 225	206 / 198	164 / 145
South	Subregion 04	Urban	363925 / 400	321 / 292	329 / 296
	-	Rural	332057 / 165	145 / 143	156 / 140
South	Subregion 05	Urban	909842 / 875	782 / 748	909 / 851
		Rural	361621 / 375	343 / 329	417 / 391
Central	Subregion 06	Urban	245110 / 275	251 / 235	247 / 233
		Rural	270512 / 105	98 / 96	131 / 119
Central	Subregion 07	Urban	360313 / 275	215 / 205	203 / 175
÷		Rural	249081 / 120	108 / 105	123 / 104
Central	Subregion 08	Urban	1509029 / 900	799 / 693	769 / 680
		Rural	574728 / 405	372 / 356	428 / 395
North	Subregion 09	Urban	254793 / 500	373 / 363	425 / 385
		Rural	268104 / 225	190 / 184	238 / 217
North	Subregion 10	Urban	288549 / <i>5</i> 25	430 / 376	453 / 422
		Rural	279613 / 225	193 / 183	252 / 234
East	Subregion 11	Urban	346485 / 425	359 / 341	499 / 434
		Rural	210022 / 135	121 / 119	217 / 202
East	Subregion 12	Urban	181206 / 250	209 / 191	277 / 258
		Rural	212196 / 120	113 / 112	174 / 154
East	Subregion 13	Urban	488554 / 450	354 / 330	406 / 375
		Rural	304478 / 195	170 / 166	224 / 200
East	Subregion 14	Urban	115357 / 125	92 / 85	105 / 92
		Rural	95092 / 45	36 / 36	52 / 49

Table B.3.2 Design weights and nonresponse factors: husbands sample

Design weights and nonresponse factors by subregion and urban-rural residence for the women and husbands samples, Turkey 1998

Region	Subregion	Residence	Inverse of overall sampling fraction	Household level	Husband level
				······································	
West	Subregion 01	Urban	2 * 2452082 / 950	440 / 394	288 / 158
	Ü	Rural	2 * 194415 / 405	191 / 187	133 / 107
West	Subregion 02	Urban	2 * 951430 / 475	214 / 206	137 / 94
		Rural	2 * 422277 / 210	97 / 95	59 / 47
West	Subregion 03	Urban	2 * 1110291 / 550	240 / 228	161 / 105
		Rural	2 * 537244 / 225	100 / 99	53 / 35
South	Subregion 04	Urban	2 * 363925 / 400	159 / 144	110 / 71
	•	Rural	2 * 332057 / 165	74 / 72	53 / 37
South	Subregion 05	Urban	2 * 909842 / 875	397 / 379	299 / 210
	Ū	Rural	2 * 361621 / 375	169 / 165	113 / 82
Central	Subregion 06	Urban	2 * 245110 / 275	123 / 116	89 / 66
	_	Rural	2 * 270512 / 105	50 / 50	53 / 36
Central	Subregion 07	Urban	2 * 360313 / 275	103 / 99	72 / 39
		Rural	2 * 249081 / 120	58 / 58	50 / 26
Central	Subregion 08	Urban	2 * 1509029 / 900	397 / 348	263 / 163
		Rural	2 * 574728 / 405	190 / 182	125 / . 83
North	Subregion 09	Urban	2 * 254793 / 500	195 / 190	133 / 95
		Rural	2 * 268104 / 225	95 / 91	70 / 44
North	Subregion 10	Urban	2 * 288549 / 525	215 / 188	147 / 102
		Rural	2 * 279613 / 225	94 / 87	73 / 58
East	Subregion 11	Urban	2 * 346485 / 425	172 / 163	147 / 62
		Rural	2 * 210022 / 135	60 / 59	53 / 33
East	Subregion 12	Urban	2 * 181206 / 250	105 / 96	88 / 49
		Rural	2 * 212196 / 120	<i>57 / 57</i>	52 / 29
East	Subregion 13	Urban	2 * 488554 / 450	181 / 170	123 / 77
		Rural	2 * 304478 / 195	80 / 78	56 / 34
East	Subregion 14	Urban	2 * 115357 / 125	47 / 44	30 / 21
		Rural	2 * 95092 / 45	_18 / 18	14 / 8

Table B.4 Final sample weights
Final weights by subregion and urban-rural residence, Turkey 1998

	,			Women's		
			Household	weight	Household's	Husband's
			weight in the	in the entire	weight in	weights in the
Region	Subregion	Residence	entire sample	sample	the subsample	subsample
West	Subregion 01	Urban	1.885393	2.048465	1.909400	2.276100
		Rurai	0.324320	0.326288	0.324786	0.264012
West	Subregion 02	Urban	1.379494	1.369817	1.378349	1.313744
		Rural	1.350938	1.363847	1.360054	1.116527
West	Subregion 03	Urban	1.433671	1.468568	1.407601	1.411481
		Rural	1.642477	1.720027	1.597657	1.582160
South	Subregion 04	Urban	0.661275	0.680529	0.665451	0.674232
		Rural	1.349177	1.391956	1.370117	1.283485
South	Subregion 05	Urban	0.718738	0.710829	0.721503	0.671814
		Rural	0.664704	0.656369	0.654266	0.589628
Central	Subregion 06	Urban	0.629423	0.617794	0.626045	0.552091
		Rural	1.738844	1.772332	1.706582	1.643083
Central	Subregion 07	Urban	0.908531	0.975793	0.902981	1.090198
	_	Rural	1.411572	1.545734	1.374960	1.729201
Central	Subregion 08	Urban	1.278134	1.338301	1.267055	1.336973
		Rural	0.980411	0.983592	0.981338	0.966518
North	Subregion 09	Urban	0.346201	0.353848	0.346440	0.317187
		Rural	0.813514	0.826118	0.824011	0.857309
North	Subregion 10	Urban	0.415574	0.413042	0.416361	0.392416
		Rural	0.866543	0.864041	0.889434	0.732095
East	Subregion 11	Urban	0.567472	0.604109	0.569858	0.883591
		Rural	1.045872	1.040272	1.047999	1.100733
East	Subregion 12	Urban	0.524389	0.521283	0.525146	0.616774
		Rural	1.179574	1.233996	1.171349	1.373569
East	Subregion 13	Urban	0.770011	0.771883	0.765700	0.799893
		Rural	1.057232	1.096348	1.060831	1.142653
East	Subregion 14	Urban	0.660409	. 0.697870	0.652996	0.610059
		Rural	1.397141	1.372800	1.399786	1.601986

B.10 Coverage of the Sample

The results of sample implementation for the household and the individual interviews for the country as a whole, for urban and rural areas, and for the five regions of Turkey are shown in Tables B.5 and Table B.6. The results indicate that, of the 9,970 households selected, the TDHS fieldwork teams successfully completed interviews with 8,059 (81 percent). The main reasons that eligible households were not interviewed were that some of the listed dwelling units were found to be vacant at the time of the interview or the household was away for an extended period. A total of 8,956 households were located and visited, of which 8,059 households were successfully interviewed. Overall, the household response rate was calculated as 93.8 percent. The household response rate was higher in rural areas than in urban areas and highest in the South and East regions.

In the interviewed households, 9,468 eligible women were identified, of whom 91 percent were interviewed. Eligibility for the individual interview required that the woman was in the reproductive ages (15-49) and was present in the household on the night before the interview. Among the small number of eligible women not interviewed in the survey, the principal reason for nonresponse was the failure to find the woman

at home after repeated visits to the household. The eligible woman response rate was higher in rural areas than in urban areas and was higher in the South and North regions than in the other three regions.

In half of the households (4,983 households), which were selected as a subsample, husband questionaries were administered. In these households, 3,043 husbands were identified as eligible, i.e., they were currently married to women in reproductive ages listed in the household schedule. Interviews were completed with 1,971 husbands (65 percent). The highest response rate is in North region for husband questionnaires.

The overall response rate for women in the TDHS was calculated as 85 percent. It ranged from 82 percent in the Central region to 88 percent in the South region, when it was calculated for women. The overall response rate for husbands in the TDHS was 61 percent.

Table B.5 Sample implementation: women

Percent distribution of households and eligible women in the 1998 TDHS sample by results of the individual and household interviews, and response rates, according to region and urban-rural residence. Turkey 1998

			Region	· _ 		Resi	dence	
Result	West	South	Central	North	East	Urban	Rural	Tota
Selected households								
Completed (C) Household present but no competent respondent	83.9	83.3	80.3	74.8	79.1	78.4	86.5	80.8
at home (HP)	3.1	2.5	4.3	2.7	0.9	3.3	1.7	2.8
Postponed	0.5	0.2	0.3	0.1	0.1	0.3	0.2	0.3
Refused (HR)	1.4	1.5	2.5	1.2	1.1	2.0	0.6	1.6
Dwelling not found (DNF)	0.3	0.2	0.2	1.4	2.2	1.0	0.2	0.8
Household absent (HA) Dwelling vacant/	6.0	5.6	7.2	9.6	8.5	7.8	5.6	7.2
address not a dwelling (DV)	4.8	6.7	5.0	9.9	7.0	6,9	5.1	6.3
Dwelling destroyed (DD)	0.0	0.1	0.1	0.1	0.4	0.1	0.1	0.1
Other	0.0	0.0	0.0	0.1	0.7	0.2	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,827	1,815	2,104	1,479	1,745	6,989	2,981	9,970
Household response								
rate (HRR)	94.0	95.0	91.7	93.3	94.9	92.3	97.0	93.8
Eligible women								
Completed (EWC)	89.2	92.7	89.7	92.0	90.3	90.2	91,4	90.6
Not at home (EWNH)	6.9	4.5	5.7	5.0	5.6	5.8	5.4	5.
Postponed (EWP)	0.5	0.1	0.6	0.0	0.1	0.4	0.1	0
Refused (EWR)	1.8	1.1	1.4	0.5	1.5	1.6	0.8	1.4
Partly completed (EWPC)	0.7	0.3	1.3	0.1	1.6	0.9	1.1	1.6
Other (EWO)	0.9	1.3	1.2	1.5	0.9	1.1	1.2	1.
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,434	1,811	1,901	1,368	1,954	6,322	3,146	9,468
Eligible woman response								
rate (EWRR) ²	89.2	92.7	89.7	92.0	90.3	90.2	91.4	90.6
Overall response rate (ORR) ³	83.8	88.1	82.3	85.8	85.7	83.2	88.6	84.9

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, postponed, refused, and dwelling not found. The eligible woman response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed and "other." The overall response rate is the product of the household and woman response rates.

C + HP + P + R + DNF

² Using the number of eligible women falling into specific response categories, the eligible woman response rate (EWRR) is calculated as:

EWC

EWC + EWNH + EWP + EWR + EWPC + EWO

ORR = HRR * EWRR

Using the number of households falling into specific response categories, the household response rate (HRR) is calculated as:

³ The overall response rate (ORR) is calculated as:

Table B.6 Sample implementation: husbands

Percent distribution of households and eligible husbands in the 1998 TDHS sample by results of the individual and household interviews, and response rates, according to region and urban-rural residence, Turkey 1998

			Region	······································	<u>, , , , , , , , , , , , , , , , , , , </u>	Resi	dence	
Result	West	South	Central	North	East	Urban	Rural	Total
Selected households								
Completed (C) Household present but no competent respondent	85.5	84.0	81.0	75.2	78.6	79.1	87.3	81.5
at home (HP)	3.4	2.2	3.5	3.4	1.0	3.3	1.6	2.8
Postponed	0.4	0.3	0.4	0.1	0.1	0.4	0.1	0.3
Refused (HR)	1.1	1.5	2.5	1.4	0.7	1.8	0.5	1.4
Dwelling not found (DNF)	0.3	0.2	0.1	0.9	2.2	0,9	0.1	0.7
Absent (HA) Dwelling vacant/	5.9	5.6	8.1	8.9	9.5	8.0	6.0	7.4
not a dwelling (DV)	3.5	6.1	4.3	9.7	6.7	6.2	4.1	5.6
Dwelling destroyed (DD)	0.0	0.0	0.2	0.1	0.3	0.1	0.2	0.1
Other (O)	0.0	0.0	0.0	0.1	0.9	0.2	0.1	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	1,414	905	1,053	739	872	3,496	1,487	4,983
Household response						_		
rate (HRR)'	94.3	95.1	92.6	92.8	95.1	92.5	97.4	94.0
Eligible husbands								
Completed (EHC)	65.7	69.6	63.3	70.7	55.7	62.9	68.9	64.8
Not at home (EHNH)	27.7	27.5	27.3	26.2	41.5	30.9	27.7	29.9
Postponed (EHP)	0.8	0.0	0.6	0.0	0.4	0.6	0.1	0.4
Refused (EHR)	3.7	2.1	6.0	1.4	1.4	3.8	1.7	3.2
Partly completed (EHC)	0.4	0.2	0.9	0.5	0.2	0.5	0.2	0.4
Other (EHO)	1.7	0.7	1.8	1.2	0.9	1.3	1.4	1.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	831	575	652	423	562	2,087	956	3,043
Eligible husband response						45.0		
rate (EHRR) ²	65.7	69.6	63.3	70.7	55.7	62.9	68.9	64.8
Overall response rate (ORR) ³	62.0	66.2	58.7	65.6	53.0	58.2	67.1	60.9

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, postponed, refused, and dwelling not found. The eligible husband response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed and "other." The overall response rate is the product of the household and woman response rates.

C

C + HP + P + R + DNF

EHC

EHC + EHNH + EHP + EHR + EHPC + EHO

ORR = HRR * EHRR

Using the number of households failing into specific response categories, the household response rate (HRR) is calculated as:

² Using the number of eligible husbands falling into specific response categories, the eligible husband response rate (EHRR) is calculated as:

³ The overall response rate (ORR) is calculated as:

APPENDIX C ESTIMATES OF SAMPLING ERRORS

			:

APPENDIX C

ESTIMATES OF SAMPLING ERRORS

Alfredo Aliaga and A. SinanTurkyılmaz

The estimates from a sample survey are affected by two types of errors: (1) nonsampling errors, and (2) sampling errors. Nonsampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the TDHS to minimize this type of error, nonsampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the TDHS is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the TDHS sample is the result of a three-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the TDHS is the ISSA Sampling Error Module (SAMPERR). This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, r = y/x, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard

$$var(r) = \frac{1 - f}{x^2} \sum_{h=1}^{H} \left[\frac{m_h}{m_h - 1} \left(\sum_{i=1}^{m_h} Z_{hi}^2 - \frac{Z_h^2}{m_h} \right) \right]$$

error being the square root of the variance in which:

$$z_{hi} = y_{hi} - r$$
. x_{hi} , and $z_h = y_h - r$. x_h

where h represents the stratum which varies from 1 to H, m_h is the total number of enumeration areas selected in the h^{th} stratum, y_{hi} is the sum of the values of variable y in EA i in the h^{th} stratum, x_{hi} is the sum of the number of cases in EA i in the h^{th} stratum, and f is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the TDHS, there were 476 non-empty clusters. Hence, 476 replications were created. The variance of a rate r is calculated as follows:

$$var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r_i)^2$$

in which

$$r_i = k r - (k-1) r_{i0}$$

where r is the estimate computed from the full sample of 476 clusters,

 $r_{(i)}$ is the estimate computed from the reduced sample of 476 clusters (ith cluster excluded), and

k is the total number of clusters.

In addition to the standard error, SAMPERR computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. SAMPERR also computes the relative error and confidence limits for the estimates.

Sampling errors for the TDHS are calculated for a number of variables considered to be of primary interest. Results for women and for husbands are presented in this appendix for the country as a whole, for urban and rural areas, and for each of the five regions: West, South, Central, North and East. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table C.1. Tables C.2-C.9 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±2SE), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1).

In general, the relative standard errors for most estimates for the country as a whole are small, except for estimates of very small proportions. There are some differentials in the relative standard errors for the estimates for sub-populations. For example, for the contraceptive prevalence rate (CPR), i.e. the proportion of currently married women aged 15-49 who were using any method of contraception at the time of the interview, the relative standard error for the country as a whole, for urban areas, and for rural areas are 1.2 percent, 1.4 percent, and 2.7 percent, respectively.

To obtain the 95 percent confidence limits for the CPR, one adds and subtracts twice the standard error to the sample estimate, ie. $0.639 \pm 2x.007$. The results indicte that there is a high probability (95 percent) that the true value of the CPR for the country as a whole lies between 62.3 percent and 65.4 percent.

Variable	Estimate	Base population
	WOMEN	
Jrban	Proportion	All women 15-49
lo education	Proportion	All women 15-49
Vith secondary education or higher	Proportion	All women 15-49
lever married	Proportion	All women 15-49
Currently married	Proportion	All women 15-49 All women 15-49
1arried before age 20 ex before age 18	Proportion Proportion	All women 15-49
hildren ever born	Mean	All women 15-49
hildren ever born to women over 40	Mean	All women 40-49
hildren surviving	Mean	All women 15-49
now any contraceptive method	Proportion	Currently married women 15-49
now any modern contraceptive method	Proportion	Currently married women 15-49
ver used any contraceptive method	Proportion	Currently married women 15-49
urrently using any method	Proportion	Currently married women 15-49
turrently using a modern method	Proportion Proportion	Currently married women 15-49 Currently married women 15-49
currently using pill currently using JUD	Proportion Proportion	Currently married women 15-49
urrently using tob	Proportion	Currently married women 15-49
urrently using Norplant	Proportion	Currently married women 15-49
urrently using condom	Proportion	Currently married women 15-49
urrently using female sterilisation	Proportion	Currently married women 15-49
Currently using calendar/rhythm method	Proportion	Currently married women 15-49
urrently using withdrawal	Proportion	Currently married women 15-49
sing public sector source	Proportion	Current users of modern method
Vant no more children	Proportion	Currently married women 15-49
Vant to delay at least 2 years deal number of children	Proportion Mean	Currently married women 15-49 All women 15-49
Nothers received tetanus injection	Proportion	Births in last 5 years
Nothers received medical care at birth	Proportion	Births in last 5 years
lad diarrhoea in the last 2 weeks	Proportion	Children under 5
reated with ORS packets	Proportion	Children under 5 with diarrhoea in last 2 weeks
ought medical treatment	Proportion	Children under 5 with diarrhoea in Isat 2 weeks
laving health card, seen	Proportion	Children 12-23 months
leceived BCG vaccination	Proportion	Children 12-23 months
deceived DPT vaccination (3 doses)	Proportion	Children 12-23 months Children 12-23 months
teceived polio vaccination (3 doses) teceived measles vaccination	Proportion Proportion	Children 12-23 months
ully immunised	Proportion	Children 12-23 months
Veight-for-height (below -2 SD)	Proportion	Children 0-47 months
leight-for-age (below -2 SD)	Proportion	Children 0-47 months
Veight-for-age (below -2 SD)	Proportion	Children 0-47 months
otal fertility rate (3 years)	Rate	Women-years of exposure to child-bearing
leonatal mortality rate (0-4 years)	Rate	Number of births exposed to death
nfant mortality rate (0-4 years)	Rate	Number of births exposed to death
Child mortality rate (0-4 years) Inder-five mortality rate (0-4 years)	Rate Rate	Number of births exposed to death Number of births exposed to death
ostneonatal mortality rate (0-4 years)	Rate	Number of births exposed to death
	HUSBANI	<u> </u>
Jrban	Proportion	All husbands
Journal Journal of The Journal of Th	Proportion	All husbands All husbands
Vith secondary education or higher	Proportion	All husbands
now any contraceptive method	Proportion	All husbands
now any modern contraceptive method	Proportion	All husbands
ver used any contraceptive method	Proportion	All husbands
currently using any method	Proportion	All husbands
Surrently using a modern method	Proportion	All husbands
urrently using pill urrently using IUD	Proportion Proportion	All husbands All husbands
Currently using injections	Proportion	All husbands
Currently using endom	Proportion Proportion	All husbands
Currently using condom	Proportion	All husbands
Currently using calendar/rhythm method	Proportion	All husbands
Currently using withdrawal	Proportion	All husbands
Vant no more children	Proportion	Ali husbands
Want to delay at least 2 years	Proportion	All husbands
deal number of children	Mean	All husbands

		Standard	Number	of cases	Decion	Relative	رمستاء	nce limits
Variable	Value (R)	error (SE)	Unweighted (N)	Weighted (WN)	Design effect (DEFT)	error (SE/R)	R-2SE	R+2S
			VOMEN		······································			
Urban	0.665	0.017	8576	8576	3.299	0.025	0.631	0.699
No education With secondary education or higher	0.167 0.303	0.006 0.010	8576 8576	8576 8576	1.499 2.107	0.036 0.035	0.155 0.282	0.179
Never married	0.303	0.016	8576 8576	8576	1.188	0.033	0.282	0.324 0.289
Currently married	0.690	0.006	8576	8576	1.197	0.009	0.678	0.702
Married before age 20	0.525	0.009	6813	6856	1.558	0.018	0.507	0.544
Sex before age 18	0.000	0.000	6813	6856	NA	NA 0.014	0.000	0.000
Children ever born Children ever born to women over 40	2.007 4.220	0.027 0.080	8576 1602	8576 1618	1.137 1.237	0.014 0.019	1.952 4.059	2.062 4.381
Children surviving	1.802	0.022	8576	8576	1.066	0.012	1.758	1.846
Know any contraceptive method	0.989	0.002	5893	5921	1.309	0.002	0.986	0.993
Know any modern contraceptive method	0.987	0.002	5893	5921	1.297	0.002	0.983	0.991
Ever used any contraceptive method	0.842	0.006	5893	5921	1.306	0.007	0.829	0.854
Currently using any method Currently using a modern method	0.639 0.377	0.008 0.009	5893 5893	5921 5921	1.255 1.350	0.012 0.023	0.623 0.360	0.654 0.394
Currently using pill	0.044	0.003	5893	5921	1,295	0.079	0.300	0.050
Currently using IUD	0.198	0.007	5893	5921	1.340	0.035	0.184	0.212
Currently using injections	0.005	0.001	5893	5921	1.066	0.202	0.003	0.007
Currently using Norplant Currently using condom	0.000 0.082	0.000 0.005	5893 5893	5921 5921	NA 1.326	NA 0.058	0.000 0.073	0.000 0.092
Currently using condom	0.042	0.003	5893	5921	1.326	0.038	0.073	0.092
Currently using calendar/rhythm method	0.011	0.002	5893	5921	1.579	0.197	0.007	0.013
Currently using withdrawal	0.244	0.008	5893	5921	1.355	0.031	0.229	0.259
Using public sector source	0.558	0.016	2206	2240	1.483	0.028	0.527	0.589
Want no more children Want to delay at least 2 years	0.621 0.136	0.007 0.005	5893 5893	5921 5921	1.093 1,202	0.011 0.039	0.607 0.126	0.634 0.147
deal number of children	2.357	0.003	8191	8215	1.422	0.039	2.323	2.392
Mothers received tetanus injection	0.438	0.015	3565	3459	1.502	0.033	0.408	0.467
Mothers received medical care at birth	0.806	0.014	3565	3459	1.664	0.018	0.778	0.834
Had diarrhoea in the last 2 weeks	0.297	0.010	3403	3299	1.180	0.034	0.277	0.317
Freated with ORS packets Sought medical treatment	0.143 0.365	0.013 0.018	1044 1044	979 979	1.081 1.098	0.089 0.049	0.118 0.330	0.168 0.401
Having health card, seen	0.385	0.021	707	689	1.107	0.054	0.344	0.427
Received BCG vaccination	0.885	0.016	707	689	1.327	0.018	0.853	0.918
Received DPT vaccination (3 doses)	0.587	0.019	707	689	1.007	0.032	0.549	0.625
Received polio vaccination (3 doses) Received measles vaccination	0.644 0.785	0.021 0.021	707 707	689 689	1.126 1.347	0.032 0.027	0.602 0.743	0.685 0.827
Fully immunised	0.457	0.021	707	689	1.183	0.049	0.743	0.502
Weight-for-heigth (below -2 SD)	0.019	0.003	2782	2677	1.004	0.139	0.014	0.024
Height-for-age (below -2 SD)	0.160	0.009	2782	2677	1.254	0.059	0.141	0.179
Weight-for-age (below -2 SD)	0.083	0.006	2782	2677	1.113	0.075	0.070	0.095
Fotal fertility rate (3 years) Neonatal mortality rate(0-4 years)	2.609 25.814	0.079 2.980	NA 3670	24175 3561	1.513 1.085	0.030 0.115	2.451 19.854	2.768 31.774
Infant mortality rate (0-4 years)	42,702	4.659	3675	3566	1.312	0.109	33.384	52.020
Child mortality rate (0-4 years)	9.773	1.917	3683	3573	1.073	0.196	5.938	13.607
Under-five mortality rate (0-4 years)	52.058	5.187	3688	3578	1.254	0.100	41.683	62.432
Postneonatal mortality rate (0-4 years)	16.888	2.887	3675	3566	1.252	0.171	11.114	22.662
	A -::-		ISBANDS					
Jrban No education	0.683	0.019	1971	1971	1.793	0.028	0.646	0.721
No education With secondary education or higher	0.066 0.468	0.007 0.016	1971 1971	1971 1971	1.173 1.440	0.099 0.035	0.053 0.436	0.080 0.500
Cnow any contraceptive method	0.979	0.004	1971	1971	1,239	0.004	0.430	0.987
know any modern contraceptive method	0.971	0.005	1971	1971	1.350	0.005	0.961	0.981
ever used any contraceptive method	0.821	0.011	1971	1971	1.282	0.013	0.799	0.843
Currently using any method Currently using a modern method	0.626 0.422	0.013 0.014	1971 1971	1971 1971	1.165 1.300	0.020 0.034	0.601	0.652
Currently using a modern method Currently using pill	0.422	0.014	1971	1971	1.300	0.034	0.393 0.054	0.451 0.081
Currently using IUD	0.188	0.010	1971	1971	1.168	0.055	0.168	0.209
Currently using injections	0.005	0.002	1971	1971	1.099	0.353	100.0	0.008
Currently using condom	0.114	0.009	1971	1971	1.212	0.076	0.097	0.131
Currently using female sterilisation	0.039 0.016	0.004 0.004	1971	1971	1.020	0.115	0.030	0.047
Currently using calendar/rhythm method Currently using withdrawal	0.016	0.010	1971 1971	1971 1971	1.300 1.183	0.228 0.056	0.009 0.163	0.024 0.205
Want no more children	0.623	0.012	1971	1971	1.088	0.019	0.600	0.203
Vant to delay at least 2 years	0.158	0.009	1971	1971	1.091	0.057	0.140	0.175
deal number of children	2.710	0.051	1870	1874	1.006	0.019	2.607	2.812

		644	Number o	of cases	Docion	Relative	Confider	ce limits
	Value	Standard	Unweighted		Design effect (DEFT)	error (SE/R)	R-2SE	R+2S
/ariable	(R)	(SE)	(N) /OMEN	(WN)	(DEFT)	(36/10)	K-23L	10.20
T.T.	1.000			5704	NA	0.000	1,000	1,000
Jrban No education	1.000 0.141	0.000 0.007	5702 5702	5704 5704	1.574	0.051	0.127	0.150
With secondary education or higher	0.386	0.014	5702	5704	2.230	0.037	0.357	0.413
Never married	0.267	0.006	5702 5702	5704 5704	1.092 1.147	0.024 0.010	0.254 0.683	0.280 0.71
Currently married Aarried before age 20	0.697 0.499	0.007 0.012	5702 4624	3704 4670	1.596	0.024	0.475	0.52
Sex before age 18	0.000	0.000	4624	4670	ŇÁ	NA	0.000	0.000
children ever born	1.866	0.035	5702	5704	1.276	0.019	1.797	1.93
Children ever born to women over 40	3.821	0.104	1059 5702	1079	1.405 1.219	0.027 0.017	3.612 1.637	4.03 1.75
Children surviving Chow any contraceptive method	1.694 0.993	0.029 0.001	3702 3966	5704 3978	0.925	0.001	0.991	0.99
Lnow any modern contraceptive method	0.992	0.001	3966	3978	0.927	0.001	0.989	0.99
Ever used any contraceptive method	0.864	0.007	3966	3978	1.212	0.008	0.851	0.87
currently using any method	0.667 0.408	0.009 0.010	3966 3966	3978 3978	1.219 1.284	0.014 0.025	0.649 0.388	0.68 0.42
Currently using a modern method Currently using pill	0.046	0.004	3966	3978	1.234	0.089	0.038	0.05
Currently using IUD	0.210	0.009	3966	3978 3978	1.321	0.041	0.193	0.22
urrently using injections	0.005	0.001	3966	3978	1.076	0.230	0.003	0.00
Currently using Norplant	0.000 0.093	0.000 0.006	3966 3966	3978 3978	NA 1.313	NA 0.065	0.000 0.081	0.00 0.10
Currently using condom Currently using female sterilisation	0.047	0.004	3966	3978	1.238	0.089	0.039	0.05
Currently using calendar/rhythm method	0.014	0.003	3966	3978	1.674	0.226	0.007	0.02
Currently using withdrawal	0.238	0.010	3966	3978	1.429	0.041	0.219	0.25
Jsing public sector source	0.544 0.610	0.019 0.009	1591 3966	1629 3978	1.555 1.100	0.036 0.014	0.505 0.593	0.58 0.62
Vant no more children/sterilised Vant to delay at least 2 years	0.010	0.009	3966	3978	1.195	0.014	0.125	0.15
deal number of children	2.304	0.019	5449	5481	1.306	0.008	2.266	2.34
Nothers received tetanus injection	0.435	0.018	2294	2162	1.460	0.040	0.399	0.47
Mothers received medical care at birth	0.877 0.261	0.011 0.012	2294 2206	2162 2081	1.284 1.160	0.013 0.045	0.855 0.238	0.89 0.28
reated with ORS packets	0.164	0.012	623	544	1.098	0.110	0.128	0.20
Sought medical treatment	0.427	0.023	623	544	1.050	0.055	0.380	0.47
laving health card, seen	0.455	0.028	448	424	1.168	0.062	0.398	0.51
Received BCG vaccination	0.916 0.639	0.016 0.024	448 448	424 424	1.216 1.013	0.018 0.037	0.883 0.591	0.94 0.68
Received DPT vaccination (3 doses) Received polio vaccination (3 doses)	0.690	0.024	448	424	1.140	0.037	0.638	0.74
Received measles vaccination	0.822	0.028	448	424	1.502	0.034	0.766	0.87
ully immunised	0.512	0.029	448	424	1.191	0.057	0.454	0.57
Veight-for-height (below -2 SD) Height-for-age (below -2 SD)	0.017 0.126	0.003 0.008	1814 1814	1696 1696	1.067 0.973	0.197 0.066	0.010 0.109	0.02 0.14
Weight-for-age (below -2 SD)	0.062	0.006	1814	1696	0.907	0.092	0.051	0.07
otal fertility rate (3 years)	2.386	0.086	NA	16165	1.489	0.036	2.213	2.55
leonatal mortality rate(0-4 years)	23.513	3.591	2359	2221	1.085	0.153 0.132	16.330	30.69
nfant mortality rate (0-4 years) Child mortality rate (0-4 years)	35.217 7.455	4.655 2.053	2363 2366	2225 2226	1.165 1.077	0.132	25.907 3.350	44.52 11.56
Under-five mortality rate (0-4 years)	42.410	5.306	2370	2231	1.159	0.125	31.798	53.02
Postneonatal mortality rate (0-4 years)	11.704	2.398	2363	2225	1.043	0.205	6.907	16.50
			JSBANDS					
Jrban Jo aducation	1.000	0.000	1312 1312	1347 1347	NA 1.036	0.000 0.129	1.000 0.035	1.00 0.05
No education With secondary education or higher	0.047 0.563	0.006 0.019	1312	1347	1.403	0.129	0.033	0.60
Cnow any contraceptive method	0.986	0.004	1312	1347	1.147	0.004	0.978	0.99
Cnow any modern contraceptive method	0.981	0.005	1312	1347	1.326	0.005	0.971	0.99
Ever used any contraceptive method	0.841 0.660	0.012 0.015	1312 1312	1347 1347	1.214 1.173	0.015 0.023	0.817 0.629	0.86 0.69
Currently using any method Currently using a modern method	0.660	0.013	1312	1347	1.300	0.023	0.629	0.09
Currently using pill	0.074	0.008	1312	1347	1.151	0.112	0.058	0.09
Currently using IUD	0.200	0.013	1312	1347	1.176	0.065	0.174	0.22
Currently using injections	0.005	0.002	1312	1347	1.033 1.236	0.397	0.001	0.00
Currently using condom Currently using female sterilisation	0.132 0.038	0.012 0.005	1312 1312	1347 1347	1.236	0.087 0.145	0.109 0.027	0.15 0.04
Currently using calendar/rhythm method	0.020	0.005	1312	1347	1.308	0.256	0.010	0.03
Currently using withdrawal	0.178	0.012	1312	1347	1.150	0.068	0.154	0.20
Want no more children/sterilised	0.617	0.014	1312	1347	1.009	0.022	0.590	0.64
Want to delay at least 2 years ideal number of children	0.169 2.676	0.011	1312 1251	1347 1292	1.037 1.010	0.063 0.024	0.148	0.19 2.80

		Standard	Number o	of cases	Decian	Dalativa	Confiden	aa limita
Variable	Value (R)	error (SE)	Unweighted (N)	Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	R-2SE	ice limits R+2SE
· · · · · · · · · · · · · · · · · · ·			WOMEN	- (771)	(DEI I)	(SE/K)	K-23E	N -23L
Jrban	0.000	0.000	2874	2872	NA	NA	0.000	0.000
No education	0.219	0.016	2874	2872	2.030	0.072	0.187	0.250
With secondary education or higher	0.138	0.012	2874	2872	1.876	0.088	0.114	0.162
Never married	0.299	0,011	2874	2872	1.341	0.038	0.276	0.322
Currently married Married before age 20	0.676 0.583	0,011 0,016	2874 2189	2872 2187	1.297	0.017	0.654	0.699
Sex before age 18	0.000	0.000	2189	2187	1.506 NA	0.027 NA	0.551 0.000	0.000
Children ever born	2,285	0.051	2874	2872	1.071	0.022	2.184	2.387
Children ever born to women over 40	5.018	0.140	543	539	1.178	0.028	4.738	5.298
Children surviving	2.016	0.040	2874	2872	0.983	0.020	1.937	2.096
Know any contraceptive method	0.982	0.005	1927	1943	1.580	0.005	0.972	0.991
Know any modern contraceptive method Ever used any contraceptive method	0.976 0.796	0,005 0,016	1927 1927	1943 1943	1.539 1.714	0.005 0.020	0.966 0.765	0.987 0.828
Currently using any method	0.781	0.016	1927	1943	1,407	0.027	0.549	0.612
Currently using a modern method	0.314	0.014	1927	1943	1.343	0.045	0.285	0.342
Currently using pill	0.038	0.006	1927	1943	1.447	0.165	0.026	0.051
Currently using IUD	0.173	0.011	1927	1943	1.283	0.064	0.150	0.195
Currently using injections	0.003	0.001	1927	1943	1.003	0.416	0.001	0.006
Currently using Norplant	0.000 0.060	0.000 0.007	1927 1927	1943 1943	NA 1.303	NA 0.117	0,000 0,046	0.000 0.074
Currently using condom Currently using female sterilisation	0.033	0.007	1927	1943	1.182	0.117	0.040	0.043
Currently using calendar/rhythm method	0.005	0.002	1927	1943	1.115	0.357	0.001	0.009
Currently using withdrawal	0.255	0.012	1927	1943	1.218	0.047	0.231	0.280
Using public sector source	0.597	0.027	615	610	1.377	0.046	0.542	0.651
Want no more children/sterilised	0.642	0.012	1927	1943	1.129 1.239	0.019	0.617	0.666
Want to delay at least 2 years Ideal number of children	0.134 2.464	0.010 0.039	1927 2742	1943 2734	1.725	0,072 0.016	0.114 2.387	0.153 2.541
Mothers received tetanus injection	0.443	0.027	1271	1297	1.648	0.010	0.388	0.497
Mothers received medical care at birth	0.688	0.030	1271	1297	1.849	0.044	0.627	0.748
Had diarrhoea in the last 2 weeks	0.357	0.019	1197	1217	1.273	0.053	0.319	0.395
Treated with ORS packets	0.116	0.018	421	435	1.065	0.151	0.081	0.151
Sought medical treatment	0.289 0.275	0.025 0.029	421 259	435 265	1.091 1.067	0.086 0.107	0.239 0.216	0.338 0.333
Having health card, seen Received BCG vaccination	0.837	0.029	259 259	265	1.424	0.039	0.772	0.901
Received DPT vaccination (3 doses)	0.503	0.032	259	265	1.046	0.064	0.439	0.568
Received polio vaccination (3 doses)	0.570	0.035	259	265	1.131	0.061	0.500	0.639
Received measles vaccination	0.727	0.032	259	265	1.173	0.044	0.663	0.791
Fully immunised	0.368	0.035	259	265	1.187	0.096	0.298	0.439
Weight-for-height (below -2 SD)	0.023 0.220	0.005 0.021	968 968	981 981	0.992 1.522	0.207 0.096	0.013 0.177	0.032 0.262
Height-for-age (below -2 SD) Weight-for-age (below -2 SD)	0.119	0.014	968	981	1.310	0.117	0.091	0.147
Total fertility rate (3 years)	3.085	0.151	ÑÃ	8009	1.479	0.049	2.783	3.387
Neonatal mortality rate(0-4 years)	29,634	5.236	1311	1340	1.088	0.177	19,163	40.105
Infant mortality rate (0-4 years)	55.014	9.449	1312	1341	1.426	0.172	36.116	73.912
Child mortality rate (0-4 years)	13.749 68.007	3.805	1317 1318	1346 1347	1.072 1.318	0.277 0.151	6.138 47.504	21.360 88.509
Under-five mortality rate (0-4 years) Postneonatal mortality rate (0-4 years)	25.380	10.251 6.367	1312	1341	1.359	0.131	12.646	38.114
		Н	USBANDS				 -	·
Urban	0.000	0.000	659	624	NA	NA	0.000	0.000
No education	0.108	0.016	659	624	1.294	0.145	0.077	0.140
With secondary education or higher	0.264	0.026	659	624	1,532	0.100	0.212	0.317
Know any contraceptive method	0.964	0.010	659	624	1.332	0.010	0.945	0.983
Know any modern contraceptive method	0.950 0.777	0.012 0.022	659 659	624 624	1.356 1.377	0.012 0.029	0.927 0.733	0.973 0.822
Ever used any contraceptive method Currently using any method	0.777	0.022	659	624	1,173	0.029	0.733	0.522
Currently using any inctiou Currently using a modern method	0.344	0.024	659	624	1.274	0.069	0.297	0.392
Currently using pill	0.054	0.012	659	624	1.348	0.220	0.030	0.077
Currently using IUD	0.162	0.016	659	624	1.136	0.101	0.129	0.195
Currently using injections	0.004	0.003	659 650	624	1.253	0.735	0.000	0.011
Currently using condom	0.075 0.041	0.010 0.008	659 659	624 624	1.008 0.989	0.138 0.187	0.054 0.026	0.096 0.056
Currently using female sterilisation Currently using calendar/rhythm method	0.009	0.008	659	624	1.211	0.187	0.026	0.036
Currently using calendar/fflythin friethod Currently using withdrawal	0.197	0.004	659	624	1.277	0.100	0.158	0.018
Want no more children/sterilised	0.637	0.023	659	624	1.218	0.036	0.591	0.682
Want to delay at least 2 years	0.132	0.016	659	624	1.221	0.122	0.100	0.164
Ideal number of children	2.785	0.098	619	582	1.201	0.035	2.588	2.982

		Standard	Number of cases		Dosian	Dalatina	Confiden	na limita
Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	Confider R-2SE	R+2S
		<u> </u>	VOMEN		(52.1)	(01311)		
Urban	0.815	0.019	2170	3204	2.240	0.023	0.778	0.852
No education	0.099	0.008	2170	3204	1.289	0.084	0.082	0.115
With secondary education or higher	0.371	0.020	2170	3204	1.923	0.054	0.331	0.411
Never married Currently married	0.256 0.706	0.010 0.010	2170 2170	3204 3204	1.052 1.054	0.039 0.015	0.236 0.685	0.275 0.726
Married before age 20	0.486	0.019	1806	2666	1.574	0.038	0.449	0.523
Sex before age 18	0.000	0.000	1806	2666	NA	NA	0.000	0.000
Children ever born	1.690	0.047	2170	3204	1.230	0.028	1.596	1.784
Children ever born to women over 40 Children surviving	3.434 1.532	0.133 0.038	443 2170	645 3204	1.360 1.172	0.039 0.025	3.169 1.456	3.700 1.608
Know any contraceptive method	0.993	0.002	1549	2261	0.935	0.002	0.989	0.997
Know any modern contraceptive method	0.992	0.002	1549	2261	0.954	0.002	0.988	0.996
ever used any contraceptive method	0.902	0.008	1549	2261	1.025	0.009	0.887	0.918
Currently using any method Currently using a modern method	0.705 0.405	0.013 0.016	1549 1549	2261 2261	1.130 1.301	0.019 0.040	0.679 0.373	0.732 0.431
Currently using pill	0.054	0.007	1549	2261	1.172	0.125	0.040	0.06
Currently using IUD	0.205	0.014	1549	2261	1.360	0.068	0.177	0.23
Currently using injections	0.003	100.0	1549	2261 2261	1.062 NA	0.508	0.000	0.000
Currently using Norplant Currently using condom	0.000	0.000 010.0	1549 1549	2261	1.294	NA 0.102	0.000 0.075	0.000
Currently using female sterilisation	0.042	0.006	1549	2261	1.239	0.151	0.029	0.054
Currently using calendar/rhythm method	0.016	0.005	1549	2261	1.550	0.312	0.006	0.02
Currently using withdrawal	0.276 0.489	0.016	1549	2261	1.380 1.483	0.057	0.245 0.430	0.30° 0.54
Jsing public sector source Want no more children/sterilised	0.609	0.029 0.013	636 1549	919 2261	1.014	0.060 0.021	0.430	0.634
Want to delay at least 2 years	0.134	0.010	1549	2261	1.103	0.071	0.115	0.15
deal number of children	2.164	0.021	2105	3113	1.241	0.010	2.121	2.20
Mothers received tetanus injection Mothers received medical care at birth	0.365 0.923	0.025 0.012	694 694	1031 1031	1.241 1.087	0.068 0.013	0.316 0.898	0.41: 0.94
Had diarrhoea in the last 2 weeks	0.218	0.012	671	995	1.156	0.086	0.180	0.25
Treated with ORS packets	0.128	0.034	144	217	1.221	0.262	0:061	0.19
Sought medical treatment	0.370	0.046	144	217	1.116 1.128	0.124 0.096	0.278	0.46 0.57
Having health card, seen Received BCG vaccination	0.478 0.958	0.046 0.018	148 148	221 221	1.125	0.090	0.386 0.921	0.99
Received DPT vaccination (3 doses)	0.614	0.034	148	22i	0.852	0.055	0.546	0.68
Received polio vaccination (3 doses)	0.723	0.042	148	221	1.152	0.058	0.639	0.80
Received measles vaccination	0.806	0.049	148	221 221	1.527 1.077	0.061 0.088	0.707 0.414	0.90: 0.59
Fully immunised Weight-for-height (below -2 SD)	0.502 0.015	0.044 0.005	148 515	763	1.012	0.362	0.004	0.02
Height-for-age (below -2 SD)	0.099	0.013	515	763	0.968	0.130	0.073	0.12
Weight-for-age (below -2 SD)	0.038	0.009	515	763	1.053	0.245	0.019	0.05
Total fertility rate (3 years)	2.032 25.288	0.122 6.286	NA 711	9140 1056	1.406 1.074	0.060 0.249	1.788 12.716	2.27 37.85
Neonatal mortality rate(0-4 years) Infant mortality rate (0-4 years)	32.789	7.584	712	1058	1.107	0.231	17.621	47.95
Child mortality rate (0-4 years)	5.647	3.145	711	1056	1.115	0.557	0.000	11.93
Under-five mortality rate (0-4 years)	38.251	8.207	712	1058	1.125	0.215 0.421	21.837	54.66. 13.81
Postneonatal mortality rate (0-4 years)	7.501	3.155	712 JSBANDS	1058	1.034	0.421	1.192	13.01
t (v.t	0.000			747	1 127	0.022	0.786	0.86
Urban No education	0.823 0.036	0.018 0.009	546 546	767 767	l.127 1.077	0.022 0.240	0.786	0.80
With secondary education or higher	0.522	0.026	546	767	1.238	0.051	0.469	0.57
Know any contraceptive method	0.987	0.006	546	767	1.222	0.006	0.975	0.99
Know any modern contraceptive method	0.982 0.881	0.008 0.018	546 546	767 767	1.429 1.278	0.008 0.020	0.966 0.846	0.99 0.91
Ever used any contraceptive method Currently using any method	0.881	0.018	546 546	767	1.197	0.020	0.653	0.74
Currently using a modern method	0.438	0.027	546	767	1.276	0.062	0.384	0.49
Currently using pill	0.078	0.013	546	767	1.108	0.164	0.052	0.10
Currently using IUD	0.194 0.002	0.021 0.002	546 546	767 767	1.215 1.001	0.106 0.999	0.153 0.000	0.23 0.00
Currently using injections Currently using condom	0.002		546 546	767 767	1.206	0.333	0.000	0.16
Currently using female sterilisation	0.026	0.007	546	767	1.047	0.272	0.012	0.04
Currently using calendar/rhythm method	0.025	0.008	546	767	1.218	0.324	0.009	0.04
Currently using withdrawal Want no more children/sterilised	0.233 0.614	0.020 0.019	546 546	767 767	1.116 0.887	0.087 0.030	0.193 0.577	0.27 0.65
Want to delay at least 2 years	0.014		546	767 767	1.022	0.030	0.145	0.03
Ideal number of children	2.328	0.055	530	744	1.007	0.024	2.218	2.4

		C40	Number o	of cases	Danian	Datativa	Camerda	naa linsita
Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	R-2SE	nce limits R+2S
, all work	(/		WOMEN			(4-2-1-5)		
Jrban	0,641	0.034	1678	1258	2.887	0.053	0.573	0.709
lo education	0.182	0.014	1678	1258	1.518	0.078	0.154	0.211
With secondary education or higher	0.260	0.021	1678	1258	1.934	0.080	0.219	0.302
Never married	0,291 0.676	0.012 0.012	1678 1678	1258 1258	1.090 1.069	0.042 0.018	0.266 0.652	0.315 0.701
Currently married Married before age 20	0.511	0.012	1329	997	1.336	0.016	0.032	0.701
Sex before age 18	0.000	0.000	1329	997	NA	ŇÁ	0.000	0.000
Children ever born	2.050	0.051	1678	1258	0.935	0.025	1.947	2.153
Children ever born to women over 40	4.461	0.154	317	244	1.071	0.034 0.024	4.153	4.768
Children surviving Know any contraceptive method	1.893 0.993	0.046 0.003	1678 1126	1258 851	0.922 1.190	0.024	1,801 0,987	1.984 0.999
Know any modern contraceptive method	0.993	0.003	1126	851	1.190	0.003	0.987	0.999
Ever used any contraceptive method	0.820	0.015	1126	851	1,337	0.019	0.790	0.851
Currently using any method	0.603	0.014	1126	851	0.930	0.022	0.576	0.630
Currently using a modern method	0.351 0.023	0.016 0.004	1126 1126	851 851	1.118 1.003	0.045 0.195	0.319 0.014	0.383 0.032
Currently using pill Currently using IUD	0.023	0.004	1126	851	1.220	0.193	0.180	0.032
Currently using injections	0.005	0.002	1126	851	0.953	0.405	0.001	0.009
Currently using Norplant	0.000	0.000	1126	851	NA	NA	0.000	0.000
Currently using condom	0.062	0.007	1126	851	1.022 1.156	0.119	0.047	0.076
Currently using female sterilisation Currently using calendar/rhythm method	0.045 0.004	0.007 0.002	1126 1126	851 851	0.957	0.159 0.446	0.031	0.059 0.008
Currently using withdrawal	0.242	0.013	1126	851	1.008	0.053	0.216	0.268
Jsing public sector source	0.672	0.027	402	299	1.148	0.040	0.618	0.726
Want no more children/sterilised	0.594	0.016	1126	851	1.100	0.027	0.562	0.626
Want to delay at least 2 years	0.129 2.521	0.010 0.039	1126 1605	851 1201	0.978 1.354	0.076 0.015	0.109 2.443	0.148 2.599
deal number of children Mothers received tetanus injection	0.642	0.033	665	490	1.536	0.051	0.576	0.707
Mothers received medical care at birth	0.862	0.025	665	490	1,494	0.029	0.813	0.911
lad diarrhoea in the last 2 weeks	0.287	0.019	640	472	0.990	0.065	0.250	0.325
reated with ORS packets	0.101	0.025	187	136	1.036	0.251	0.050	0.151
Sought medical treatment Having health card, seen	0.479 0.356	0.039 0.051	187 127	136 95	0.992 1.188	0.082 0.143	0.401 0.254	0.558 0.458
Received BCG vaccination	0.927	0.026	127	95	1,133	0.028	0.875	0.980
Received DPT vaccination (3 doses)	0.674	0.047	127	95 95 95	1.111	0.069	0.581	0.768
Received polio vaccination (3 doses)	0.689	0.050	127	95	1.209	0.073	0.589	0.789
Received measles vaccination	0.871 0.573	0.035 0.054	127 127	95 95	1.175 1.221	0.040 0.094	0.801 0.466	0.940 0.681
Fully immunised Weight-for-height (below -2 SD)	0.022	0.008	555	407	1.207	0,344	0.007	0.037
leight-for-age (below -2 SD)	0.135	0.016	555	407	1.070	0.117	0.104	0.167
Weight-for-age (below -2 SD)	0.089	0.012	555	407	0.965	0.139	0.064	0.114
Total fertility rate (3 years)	2.555 16.756	0.150 5.567	NA 684	3554 503	1.282 1.038	0,059 0,332	2.254 5.62 t	2.856 27.890
Veonatal mortality rate(0-4 years) nfant mortality rate (0-4 years)	32,702	8.217	687	505	1,101	0.332	16.267	49.136
Child mortality rate (0-4 years)	10.692	4.234	686	504	0.928	0.396	2.224	19.161
Inder-five mortality rate (0-4 years)	43.044	9.775	689	506	1.055	0.227	23.494	62.595
Postneonatal mortality rate (0-4 years)	15.946	5.310	687	505	1.000	0.333	5.325	26.566
t.l	0.662		USBANDS	20.5	1.50#	0.054	0.500	0.505
Jrban Vo education	0.663 0.064	0.036 0.012	400 400	285 285	1.505 0.992	0.054 0.190	0,592 0,040	0.735 0.088
With secondary education or higher	0.384	0.026	400	285	1,057	0.067	0.333	0.435
Cnow any contraceptive method	0.973	0.011	400	285 285	1.325	0.011	0.952	0.995
Cnow any modern contraceptive method	0.960	0.014	400	285	1.376	0.014	0.933	0.987
Ever used any contraceptive method Currently using any method	0.818 0.606	0.023 0.025	400 400	285 285	1.185 1.018	0.028 0.041	0,773 0,557	0.864 0.656
Currently using a modern method	0.417	0.023	400	285	1.145	0.041	0.357	0.636
Currently using pill	0.030	0.008	400	285	0.887	0.252	0.015	0.045
Currently using IUD	0.214	0.018	400	285 285	0.897	0.086	0.177	0.250
Currently using injections	0.007	0.004 0.01 <i>5</i>	400 400	285	0.942	0.559	0.000	0.015
Currently using condom Currently using female sterilisation	0,097 0.053	0.015	400 400	285 285	0.980 0.926	0.149 0.196	0.068 0.032	0.126 0.074
Currently using calendar/rhythm method	0.009	0.005	400	285	0.971	0.497	0.000	0.019
Currently using withdrawal	0.180	0.019	400	285	1.003	0.107	0.142	0.219
Vant no more children/sterilised Vant to delay at least 2 years	0.604	0.025	400	285	1.019	0.041	0.554	0.654
AVANT IN MAIGU OF LAGES 7 HAAPS	0.154	0.016	400	285	0.860	0.101	0.123	0.185

		Standard	Number o	fcases	Design	Relative	Confider	ce limit
/ariable	Value (R)	error (SE)	Unweighted , (N)	Weighted (WN)	effect (DEFT)	error (SE/R)	R-2SE	R+2S
			OMEN			<u> </u>		
Jrban	0.617	0.038	1706	1985	3.194	0.061	0.542	0.692
No education	0.098	0.009	1706	1985	1.254	0.092	0.080	0.117
With secondary education or higher Never married	0.324 0.253	0.025 0.011	1706 1706	1985 1985	2.195 1.089	0.077 0.045	0.274 0.230	0.374 0.276
Currently married	0.719	0.012	1706	1985	1.121	0.043	0.694	0.74
Married before age 20	0.549	0.019	1381	1605	1.448	0.035	0.510	0.58
lex before age 18	0.000	0.000	1381	1605	NA	NA 0000	0.000	0.00
Children ever born	1.962 3.845	0.056 0.158	1706 321	1985 375	1.183 1.264	0.029 0.041	1.850 3.529	2.07 4.16
Children ever born to women over 40 Children surviving	1.746	0.046	1706	1985	1.145	0.026	1.655	1.83
Know any contraceptive method	1.000	0.000	1226	1426	NA	0.000	1.000	1.00
know any modern contraceptive method	0.999	0.001	1226	1426	1.067	0.001	0.997	1.00
ever used any contraceptive method	0.886	0.009 0.015	1226 1226	1426 1426	0.988 1.103	0.010 0.021	0.868 0.654	0.90 0.71
Currently using any method Currently using a modern method	0.683 0.428	0.015	1226	1426	1.103	0.027	0.396	0.46
Currently using pill	0.049	0.008	1226	1426	1.279	0.161	0.033	0.06
Currently using IUD	0.242	0.014	1226	1426	1.153	0.058	0.214	0.27
Currently using injections Currently using Norplant	0.005 0.000	0.002 0.000	1226 1226	1426 1426	1.006 NA	0.394 NA	0.001 0.000	0.00
Currently using condom	0.000	0.010	1226	1426	1.195	0.107	0.000	0.00
Currently using female sterilisation	0.034	0.005	1226	1426	1.041	0.159	0.023	0.04
Currently using calendar/rhythm method	0.011	0.004	1226	1426	1.229	0.338	0.003	0.01
Currently using withdrawal	0.237 0.598	0.014	1226	1426	1.128 1.490	0.058	0.209 0.535	0.26
Jsing public sector source Vant no more children/sterilised	0.598	0.032 0.013	529 1226	612 1426	0.942	0.053 0.019	0.535	0.66 0.68
Vant to delay at least 2 years	0.143	0.012	1226	1426	1.214	0.085	0.119	0,16
deal number of children	2.291	0.032	1638	1906	1.254	0.014	2.227	2.35
Aothers received tetanus injection	0.550	0.032	694	795	1.514	0.059	0.485	0.61
Mothers received medical care at birth lad diarrhoea in the last 2 weeks	0.899 0.310	0.017 0.021	694 662	795 762	1.238 1.068	0.019 0.067	0.866 0.269	0.93 0.35
reated with ORS packets	0.160	0.030	210	236	1.132	0.189	0.099	0.22
Sought medical treatment	0.299	0.035	210	236	1.059	0.116	0.230	0.36
laving health card, seen	0.413	0.042	137	157	0.980	0.101	0.330 0.927	0.49 0.99
Received BCG vaccination Received DPT vaccination (3 doses)	0.960 0.642	0.017 0.052	137 137	157 157	0.988 1.248	0.017 0.082	0.537	0.74
Received polio vaccination (3 doses)	0.655	0.050	137	157	1.224	0.077	0.554	0.75
Received measles vaccination	0.864	0.023	137	157	0.778	0.027	0.818	0.91
Fully immunised	0.518	0.055	137	157	1.255	0.105 0.301	0.409	0.62 0.02
Veight-for-height (below -2 SD) leight-for-age (below -2 SD)	0.013	0.004 0.016	556 556	643 643	0.813 1.130	0.301	0.005 0.085	0.02
Veight-for-age (below -2 SD)	0.054	0.009	556	643	0.933	0.163	0.037	0.07
Total fertility rate (3 years)	2.564	0.132	NA	5616	1.304	0.052	2.299	2.82
Neonatal mortality rate(0-4 years)	26.779	6.130	722	827	0.997	0.229	14.520	39.03
nfant mortality rate (0-4 years)	41.261	8.886	723 725	828	1.168	0.215	23.489	59.03
Child mortality rate (0-4 years) Jnder-five mortality rate (0-4 years)	8.717 49.618	3.521 10.068	725 726	831 832	1.041 1.193	0.404 0.203	1.676 29.483	15,75 69,75
ostneonatal mortality rate (0-4 years)	14.482	4.608	723	828	1.002	0.318	5.265	23.69
		HU	ISBANDS					
Jrban	0.617	0.046	413	481	1.912	0.074	0.525	0.70
No education With secondary education or higher	0.040 0.512	0.010 0.038	413 413	481 481	1.075 1.552	0.261 0.075	0.019 0.436	0.06 0.58
Chow any contraceptive method	0.983	0.036	413	481	1.006	0.073	0.430	0.38
Cnow any modern contraceptive method	0.977	0.007	413	481	0.991	0.008	0.962	0.99
ver used any contraceptive method	0.871	0.018	413	481	1.090	0.021	0.835	0.90
Currently using any method Currently using a modern method	0.679 0.499	0.023 0.027	413 413	481 481	0.999 1.092	0.034 0.054	0.634 0.445	0.72 0.55
Currently using pill	0.439	0.016	413	481	1.148	0.034	0.443	0.55
Currently using IUD	0.224	0.018	413	481	0.900	0.083	0.187	0.26
Currently using injections	0.009	0.005	413	481	1.154	0.598	0.000	0.02
Currently using condom Currently using female sterilisation	0.127 0.048	0.018	413 413	481	1.106 0.927	0.143	0.091	0.16
Currently using calendar/rhythm method	0.048	0.010 0.007	413	481 481	1.109	0.204 0.426	0.028 0.002	0.06 0.03
Currently using withdrawal	0.158	0.022	413	481	1.200	0.137	0.115	0.20
Want no more children/sterilised Want to delay at least 2 years	0.641	0.029	413	481	1.242	0.046	0.582	0.70
MODE TO MAISH OF LAGGE 7 MARKS	0.146	0.019	413	481	1.065	0.127	0.109	0.18

	-	Stand	Number o	f cases	Dosie	Dalasina	Confidence limits	
Variable	Value (R)	Standard error (SE)	Unweighted (N)	Weighted (WN)	Design effect (DEFT)	Relative error (SE/R)	R-2SE	R+2S
			OMEN			(5-37-1)		
Lichan	0.449	0.030	1250	692	2 767	0.087	0.371	0.526
Urban No education	0.183	0.039 0.015	1258 1258	692	2.767 1.413	0.087	0.371	0.320
With secondary education or higher	0.278	0.021	1258	692	1.641	0.075	0.236	0.319
Never married	0.286	0.018	1258	692	1.396	0.062	0.250	0.321
Currently matried	0.686	0.019	1258	692	1.419	0.027	0.649	0.723
Married before age 20	0.510 0.000	0.021 0.000	1019 1019	556 556	1.349 NA	0.041 NA	0.468 0.000	0.552 0.000
Sex before age 18 Children ever born	2.167	0.000	1258	692	1.208	0.036	2.013	2.321
Children ever born to women over 40	4.357	0.179	269	149	1.251	0.041	3.999	4 715
Children surviving	1.937	0.062	1258	692	1.148	0.032	1.814	2.061
Know any contraceptive method	0.998	0.002	862	474	1.244	0.002	0.995	1.000
Know any modern contraceptive method Ever used any contraceptive method	0.990 0.880	0.005 0.014	862 862	474 474	1.563 1.258	0.005 0.016	0.980 0.852	1.000
Currently using any method	0.670	0.019	862	474	1.187	0.028	0.632	0.708
Currently using a modern method	0.352	0.027	862	474	1.643	0.076	0.298	0.405
Currently using pill	0.045	0.007	862	474	1.048	0.165	0.030	0.060
Currently using IUD	0.124	0.013	862	474	1.157	0.105	0.098	0.150
Currently using injections	0.000	0.000	862 863	474 474	NA NA	NA NA	0.000	0.000
Currently using Norplant Currently using condom	0.000 0.092	0.000 0.011	862 862	474 474	NA 1.139	NA 0.122	0.000 0.069	0.000 0.114
Currently using condom	0.084	0.013	862	474	1.354	0.152	0.058	0.110
Currently using calendar/rhythm method	0.007	0.002	862	474	0.851	0.356	0.002	0.011
Currently using withdrawal	0.309	0.019	862	474	1.223	0.062	0.270	0.341
Using public sector source	0.451	0.031	318	168	1.099	0.068	0.389	0.512
Want no more children/sterilised	0.614 0.099	0.020 0.010	862 862	474 474	1.191 0.949	0.032 0.098	0.574 0.079	0.652 0.118
Want to delay at least 2 years Ideal number of children	2.234	0.038	1237	680	1.468	0.017	2.158	2.311
Mothers received tetanus injection	0.600	0.035	460	271	1.364	0.059	0.529	0.670
Mothers received medical care at birth	0.897	0.019	460	271	1.128	0.021	0.860	0.935
Had diarrhoea in the last 2 weeks	0.264	0.036	444	260	1.707	0.135	0.193	0.336
Treated with ORS packets Sought medical treatment	0.168 0.316	0.044 0.051	115 115	69 69	1.225 1.215	0.265 0.160	0.079 0.215	0.256 0.417
Having health card, seen	0.523	0.058	94	52	1.121	0.100	0.408	0.638
Received BCG vaccination	0.975	0.017	94	52	1.095	0.018	0.941	1.000
Received DPT vaccination (3 doses)	0.714	0.049	94	52	1.048	0.068	0.617	0.812
Received polio vaccination (3 doses)	0.738	0.046	94	52	1.015	0.062	0.646	0.830
Received measles vaccination	0.840	0.049	94 94	52 53	1.292	0.058	0.743	0.938
Fully immunised Weight-for-height (below -2 SD)	0.589 0.016	0.053 0.009	361	52 211	1.052 1.445	0.090 0.580	0.483 0.003	0.696 0.034
Height-for-age (below -2 SD)	0.128	0.026	361	211	1.415	0.203	0.076	0.180
Weight-for-age (below -2 SD)	0.048	0.018	361	211	1.550	0.376	0.012	0.084
Total fertility rate (3 years)	2.679	0.173	NA	1935	1.181	0.065	2.333	3.025
Neonatal mortality rate(0-4 years)	19.657	6.821	475 475	282	1.130	0.347	6.016	33.298
infant mortality rate (0-4 years) Child mortality rate (0-4 years)	42.036 8.875	9.878 5.660	475 477	282 284	1.076 1.221	0.235 0.638	22,281 0,000	61.792
Under-five mortality rate (0-4 years)	50.538	11.613	477	284	1.043	0.230	27.312	73.765
Postneonatal mortality rate (0-4 years)	22.379	8.003	475	282	1.118	0.358	6.374	38.384
		ы	SBANDS					
Jrban	0.467	0.058	299	150	1.999	0.124	0.351	0.582
No education With secondary education or higher	0.051 0.407	0.014 0.043	299 299	150 150	1.102	0.275	0.023	0.079
With secondary education or nigher Know any contraceptive method	0.407	0.043	299 299	150	1.507 1.656	0.105 0.017	0.322 0.936	0.493 1.000
Know any modern contraceptive method	0.961	0.017	299	150	1,544	810.0	0.926	0.995
Ever used any contraceptive method	0.792	0.038	299	150	1.598	0.047	0.717	0.867
Currently using any method	0.585	0.035	299	150	1.232	0.060	0.515	0.655
Currently using a modern method	0.369	0.038	299	150	1.349	0.102	0.294	0.445
Currently using pill Currently using IUD	0.079 0.112	0.021 0.015	299 299	150 150	1.346 0.810	0.267 0.132	0.037 0.083	0.121
Currently using 10D	0.000	0.000	299 299	150	0.810 NA	0.132 NA	0.083	0.142
Currently using injections	0.115	0.017	299	150	0.941	0.151	0.081	0.150
Currently using female sterilisation	0.057	0.015	299	150	1.140	0.268	0.027	0.088
Currently using calendar/rhythm method	0.004	0.003	299	150	0.793	0.705	0.000	0.010
Currently using withdrawal	0.207	0.021	299	150	0.904	0.103	0.164	0.249
Want no more children/sterilised Want to delay at least 2 years	0.634 0.113	0.025 0.014	299 299	150	0.907	0.040	0.583	0.684
deal number of children	2.696	0.014	299 286	150 144	0.750 0.791	0.122 0.045	0.086 2.451	0.141 2.940

		G4 3: 1	Number o	of cases				4
/ariable	Value	Standard error	Unweighted		Design effect	Relative error		nce limits
allagic	(R)	(SE)	(N) /OMEN	(WN)	(DEFT)	(SE/R)	R-2SE	R+2S
Juhan	0.500			1425	4.600	0.00	0.410	
Irban Io education	0.522 0.395	0.056 0.021	1764 1764	1437 1437	4.698 1.841	0.107 0.054	0.410 0.352	0.634 0.437
Vith secondary education or higher	0,171	0.018	1764	1437	2,061	0.108	0.134	0.208
lever married	0.344	0.015	1764	1437	1.306	0.043	0.315	0.374
Currently married Married before age 20	0,632 0,612	0.015 0.017	1764 1278	1437 1033	1.315 1.278	0.024 0.028	0.602 0.578	0.663 0.647
ex before age 18	0.000	0.000	1278	1033	NA	0.028 NA	0.000	0.000
Children ever born	2.659	0.074	1764	1437	0.986	0.028	2.510	2.808
Children ever born to women over 40	7.003	0.232	252	204	1.207	0.033	6.538	7.467
Children surviving Inow any contraceptive method	2.338 0.956	0.059 0.009	1764 1130	1437 909	0.917 1.546	0.025 0.010	2.219 0.937	2.45 0.97
lnow any modern contraceptive metho	0.947	0.010	1130	909	1.521	0.010	0.937	0.968
ver used any contraceptive method	0.623	0.025	1130	909	1.711	0.040	0.574	0.673
Currently using any method	0.420	0.024	1130	909	1.617	0.057	0.372	0.467
Currently using a modern method Currently using pill	0.267 0.029	0.020 0.006	1130 1130	909 90 9	1.501 1.174	0.074 0.204	0.228 0.017	0.30° 0.040
urrently using IUD	0.140	0.000	1130	909	1.110	0.282	0.117	0.163
urrently using injections	0.011	0.003	1130	909	1.099	0.316	0.004	0.01
urrently using Norplant	0.000 0.052	0.000	1130	909	NA	NA	0.000	0.000
urrently using condom urrently using female sterilisation	0.032	0.008 0.005	1130 1130	909 909	1.177 1.026	0.149 0.164	0.037 0.022	0.068 0.044
urrently using calendar/rhythm method	0.007	0.003	i 130	909	1.091	0.377	0.002	0.01
urrently using withdrawal	0.144	0.014	1130	909	1.303	0.094	0.117	0.173
sing public sector source	0.652	0.031	321	243	1.174	0.048	0.589	0.714
Vant no more children/sterilised Vant to delay at least 2 years	0.611 0.158	0.017 0.013	1130 1130	909 909	1.184 1.228	0.028 0.084	0.577 0.131	0.640 0.180
leal number of children	2.825	0.067	1606	1315	1.677	0.024	2.691	2.95
lothers received tetanus injection	0.256	0.027	1052	871	1.713	0.107	0.201	0.319
Aothers received medical care at birth	0.523 0.397	0.036	1052 986	871 810	1.877	0.069 0.053	0.451	0.59
lad diarrhoea in the last 2 weeks reated with ORS packets	0.357	0.021 0.016	388	322	1.237 0.849	0.033	0.355 0.120	0.439 0.186
ought medical treatment	0.374	0.029	388	322	1.121	0.079	0.315	0.43.
laving health card, seen	0.208	0.028	201	165	0.965	0.135	0.152	0.26
eceived BCG vaccination (3 doses)	0.664 0.406	0.051 0.031	201 201	165 165	1.536 0.897	0.077 0.077	0.562 0.343	0.76° 0.46°
Received polio vaccination (3 doses)	0.470	0.031	20 i	165	0.874	0.066	0.408	0.53
eceived measles vaccination	0.617	0.043	201	165	1.240	0.069	0.531	0.70
ully immunised	0.229	0.033	201	165	1.111	0.146	0.162	0.29
Veight-for-height (below -2 SD) leight-for-age (below -2 SD)	0.029 0.300	0.006 0.023	795 795	652 652	0,970 1,281	0.197 0.075	0.018 0.255	0.04 0.34
Veight-for-age (below -2 SD)	0.171	0.017	795	652	1.177	0.097	0.138	0.20
otal fertility rate (3 years)	4.191	0.225	NA	3931	1.362	0.054	3.741	4.64
leonatal mortality rate(0-4 years)	32,579 61,525	6.269 12.419	1078 1078	892 892	1.113 1.648	0.192 0.202	20.042 36.686	45.11
nfant mortality rate (0-4 years) Child mortality rate (0-4 years)	15,354	5.008	1078	897	1.048	0.202	5,338	86.36- 25.37-
Inder-five mortality rate (0-4 years)		13.537	1084	897	1.510	0.178		103.00
ostneonatal mortality rate (0-4 years	28.946	8.887	1078	892	1.620	0.307	11.171	46.72
<u>. </u>			ISBANDS					
Jrban Jo advantion	0.555	0.062	313	287	2.217	0.112	0.430	0,68
To education With secondary education or higher	0.205 0.364	0.031 0.043	313 313	287 287	1.364 1.591	0.152 0.119	0.142 0.278	0.26 0.45
Lnow any contraceptive method	0.959	0.043	313	287	1.264	0.015	0.931	0.98
Inow any modern contraceptive method	0.948	0.018	313	287	1.440	0.019	0.912	0.98
Ever used any contraceptive method	0.594	0.038	313	287	1.367	0.064	0.518	0.67
Currently using any method Currently using a modern method	0.381 0.285	0.032 0.032	313 313	287 287	1.175 1.249	0.085 0.112	0.316 0.221	0.44 0.34
Currently using a modern meanod	0.043	0.032	313	287	1.053	0.281	0.019	0.06
Currently using IUD	0.129	0.023	313	287	1.197	0.176	0.083	0.17
Currently using injections	0.007	0.005	313	287	1.026	0.712	0.000	0.01
Currently using condom Currently using female sterilisation	0.074 0.032	0.015 0.011	313 313	287 287	0.997 1.090	0.199 0.340	0.045 0.010	0.10 0.05
Currently using calendar/rhythm method	0.005	0.004	313	287	0.917	0.717	0.000	0.03
Currently using withdrawal	0.089	0.016	313	287	1.009	0.183	0.056	0.12
Want no more children/sterilised	0.633	0.031	313	287	1.140	0.049	0.571	0.69
Want to delay at least 2 years deal number of children	0.148 3.955	0.023 0.293	313 280	287 256	1.165 1.154	0.158 0.074	0.101 3.369	0.19 4.54

	•	

APPENDIX D DATA QUALITY TABLES

APPENDIX D

DATA QUALITY TABLES

Table D.1 Household age distribution

Single-year age distribution of the de facto household population by sex (weighted), Turkey 1998

Age Number Percent Number Percent Age Number Percent Number 0 387 2.4 367 2.1 38 249 1.5 262 1 377 2.3 335 1.9 39 160 1.0 189 2 344 2.1 304 1.8 40 255 1.5 239 3 333 2.0 310 1.8 41 156 0.9 162 4 349 2.1 339 2.0 42 218 1.3 191 5 336 2.0 316 1.8 43 182 1.1 209 6 409 2.5 388 2.2 44 168 1.0 174 7 346 2.1 350 2.0 45 193 1.2 206 8 403 2.4 369 2.1 46 160 1.0 <th>er Percent</th>	er Percent
1 377 2.3 335 1.9 39 160 1.0 189 2 344 2.1 304 1.8 40 255 1.5 239 3 333 2.0 310 1.8 41 156 0.9 162 4 349 2.1 339 2.0 42 218 1.3 191 5 336 2.0 316 1.8 43 182 1.1 209 6 409 2.5 388 2.2 44 168 1.0 174 7 346 2.1 350 2.0 45 193 1.2 206 8 403 2.4 369 2.1 46 160 1.0 160 9 307 1.9 335 1.9 47 124 0.8 122 10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 378 2.2 50 172 1.0	er rercein
2 344 2.1 304 1.8 40 255 1.5 239 3 333 2.0 310 1.8 41 156 0.9 162 4 349 2.1 339 2.0 42 218 1.3 191 5 336 2.0 316 1.8 43 182 1.1 209 6 409 2.5 388 2.2 44 168 1.0 174 7 346 2.1 350 2.0 45 193 1.2 206 8 403 2.4 369 2.1 46 160 1.0 160 9 307 1.9 335 1.9 47 124 0.8 122 10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0	
3 333 2.0 310 1.8 41 156 0.9 162 4 349 2.1 339 2.0 42 218 1.3 191 5 336 2.0 316 1.8 43 182 1.1 209 6 409 2.5 388 2.2 44 168 1.0 174 7 346 2.1 350 2.0 45 193 1.2 206 8 403 2.4 369 2.1 46 160 1.0 160 9 307 1.9 335 1.9 47 124 0.8 122 10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6	1.1
4 349 2.1 339 2.0 42 218 1.3 191 5 336 2.0 316 1.8 43 182 1.1 209 6 409 2.5 388 2.2 44 168 1.0 174 7 346 2.1 350 2.0 45 193 1.2 206 8 403 2.4 369 2.1 46 160 1.0 160 9 307 1.9 335 1.9 47 124 0.8 122 10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8	
5 336 2.0 316 1.8 43 182 1.1 209 6 409 2.5 388 2.2 44 168 1.0 174 7 346 2.1 350 2.0 45 193 1.2 206 8 403 2.4 369 2.1 46 160 1.0 160 9 307 1.9 335 1.9 47 124 0.8 122 10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6	0.9
66 409 2.5 388 2.2 44 168 1.0 174 7 346 2.1 350 2.0 45 193 1.2 206 8 403 2.4 369 2.1 46 160 1.0 160 9 307 1.9 335 1.9 47 124 0.8 122 10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6	
7 346 2.1 350 2.0 45 193 1.2 206 8 403 2.4 369 2.1 46 160 1.0 160 9 307 1.9 335 1.9 47 124 0.8 122 10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9	
8 403 2.4 369 2.1 46 160 1.0 160 9 307 1.9 335 1.9 47 124 0.8 122 10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9 195	
9 307 1.9 335 1.9 47 124 0.8 122 10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9 195	
10 389 2.4 323 1.9 48 197 1.2 197 11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9 195	
11 361 2.2 340 2.0 49 128 0.8 102 12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9 195	
12 361 2.2 378 2.2 50 172 1.0 175 13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9 195	
13 386 2.3 379 2.2 51 106 0.6 149 14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9 195	
14 322 2.0 403 2.3 52 139 0.8 119 15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9 195	
15 329 2.0 330 1.9 53 106 0.6 127 16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9 195	
16 347 2.1 421 2.4 54 97 0.6 115 17 370 2.2 378 2.2 55 148 0.9 195	0.7
17 370 2.2 378 2.2 55 148 0.9 195	0.7
18 404 2.5 460 2.7 56 93 0.6 118	
19 307 1.9 318 1.8 57 103 0.6 92	
20 240 1.5 380 2.2 58 114 0.7 119	
21 203 1.2 320 1.8 59 78 0.5 95	
22 290 1.8 330 1.9 60 197 1.2 193	
23 291 1.8 324 1.9 61 64 0.4 48	
24 302 1.8 347 2.0 62 96 0.6 74	
25 325 2.0 328 1.9 63 72 0.4 86	
26 304 1.8 338 1.9 64 75 0.5 70	
27 266 1.6 276 1.6 65 165 1.0 163	
28 254 1.5 285 1.6 66 79 0.5 94	
29 206 1.2 256 1.5 67 65 0.4 79	
30 266 1.6 291 1.7 68 63 0.4 81	
31 193 1.2 180 1.0 69 48 0.3 42	
32 225 1.4 251 1.4 70+ 501 3.0 602	3.5
33 255 1.6 277 1.6 Don't know/	
34 236 1.4 256 1.5 Missing 14 0.1 8	0.0
35 240 1.5 237 1.4	
36 199 1.2 229 1.3 Total 16,464 100.0 17,340	100.0
37 215 1.3 236 1.4	100.0

Note: The de facto population includes all residents and nonresidents who slept in the household the night before the interview.

Table D.2 Age distribution of eligible and interviewed women

Percent distribution of the de facto household population of women age 10-54 and of interviewed women age 15-49, and the percentage of eligible women who were interviewed (weighted) by five-year age groups, Turkey 1998

	Household population		Wor interv	Percent interviewed	
Age	Number	Percent	Number	Percent	(weighted)
10-14	1,823		•		-
15-19	1,907	20.6	1,673	20.1	87.7
20-24	1,701	18.4	1,519	18.3	89.3
25-29	1,483	16.0	1.350	16.2	91.1
30-34	1,256	13.6	1,162	14.0	92.6
25-39	1.154	12.5	1,049	12.6	90.9
40-44	975	10.5	857	10.3	87.9
45-49	787	8.5	708	8.5	90.0
50-54	684	-	•	•	•
15-49	9,262	•	8,319	-	89.8

Note: The de facto population includes all residents and nonresidents who slept in the household the night before interview.

Table D.3 Completeness of reporting

Percentage of observations missing information for selected demographic and health questions (weighted), Turkey 1998

Subject	Reference group	Percentage missing information	Number of cases
Birth date	Births in last 15 years		
Month only Month and year		9.4 0.8	10,368 10,368
Workii alid year		0.6	10,300
Age at death	Deaths to births in last 15 years	0.8	683
Age/date at first union 1	Ever-married women	2.0	6,196
Respondent's education	All women	0.0	8,576
Child's size at birth	Births in last 59 months	6.1	2,362
Anthropometry ²	Living children age 0-59 months		
Height missing	2 2	16.9	3,299
Weight missing		12.8	3,299
Height or weight missing		17.6	3,299
Diarrhoea in last 2 weeks	Living children age 0-59 months	1.3	3,299

¹ Both year and age missing Child not measured

Table D.4 Births by calendar years

Distribution of births by Western calendar years for living (L), dead (D), and all (T) children, according to reporting completeness, sex ratio at birth, and ratio of births by calendar year, Turkey 1998

Number		ber of	births		entage lete birt		Sex 1	ratio at	birth ²	Cal	endar r	atio ³		Male		Female	>	
Year	L	D	T	L	D	Ť	L	D	T	L	D	T	L	D	T	L	D	Ŧ
94	532	17	549	100.0	100.0	100,0	105.0	161.9	106.4	NA	NA	NA	273	10	283	260	$\overline{6}$	266
93	712	28	740	100.0	100.0	100.0	107.2	103.7	107.0	124.2	90.5	122.4	368	14	383	344	14	358
92	615	46	661	99.8	95.5	99.5	109.4	70.7	106.2	92.6	155.9	95.3	321	19	340	294	27	320
91	616	30	646	100.0	100.0	100.0	113.8	120.1	114.1	95.3	79.4	94.4	328	17	344	288	14	302
90	677	31	708	99.6	100.0	99.6	104.2	279.1	108.4	109.7	89.0	108.6	345	23	368	332	8	340
89	619	39	658	99.7	100.0	99.8	115.2	124.7	115.7	87.6	94.5	88.0	331	22	353	287	17	305
88	736	52	787	88.4	58.1	86.4	96.6	93.5	96.4	116.5	117.2	116.5	361	25	386	374	27	40
87	645	49	694	88.6	71.1	87.4	111.4	80.7	108.9	89.6	102.7	90.4	340	22	362	305	27	332
86	704	44	748	86.8	67.9	85.7	102.7	154.7	105.1	114.6	92.6	113.0	357	27	383	347	17	36:
85	584	46	630	89.1	54.8	86.6	105.7	121.2	106.8	NA	NA	NA	300	25	325	284	21	305
90-94	3,152	152	3.304	99.9	98.7	99.8	107.8	120.3	108.4	NA	NA	NA	1.635	83	1.719	1.516	69	1,586
85-89	3,287	230		90.4	69.2	89.0	105.7	110.2	106.0	NA	NA	NA	1,689	121	1,810	1,598	109	1,701
80-84		284	- ,	84.8	63.3	83.0	104.8	121.4	106.1	NA	NA	NA	1,595	156	1,751	1,522	128	1.65
75-79	2,833	392	3,225	84.3	57.6	81.0	101.4	121.9	103.7	NA	NA	NA	1,426	216	1,642	1,406	177	1,583
< 75	3,067	694	3,761	80.7	54.3	75.8	99.1	128.3	103.9	NA	NA	NA	1,526	390	1,916	1,541	304	1,84
All	15,456	1,753	17,209	88.1	62.3	85.5	103.8	122.5	105.6		-	-	7,872	965	8,837	7,584	788	8,371

NA = Not applicable
Both year and month of birth given ${}^{2}_{3}(B_{m}/B_{f})^{*}100$, where B_{m} and B_{f} are the numbers of male and female births, respectively ${}^{2}_{3}(2B_{x}/(B_{x-1}+B_{x+1}))^{*}100$, where B_{x} is the number of births in calendar year x

Table D.5 Reporting of age at death in days

Distribution of reported deaths under one month of age by age at death in days and the percentage of neonatal deaths reported to occur at ages 0-6 days, for five-year periods preceding the survey (unweighted), Turkey 1998

Age at death	Number of years preceding the survey							
(in days)	0-4	5-9	10-14	15-19	Total 0-19			
0	19	27	22	26	94			
	20	20	27	14	80			
1 2 3 4 5 6 6 7 8	14	15	4	10	42			
3	12 7 2 2 2	7	13	15	47			
4	7	7 2 3	5.	1	15			
5	2	3	0	3	8			
6	2	Õ	I	3	6			
7	2	11	6	16	35			
8		0	1	0	1			
9	0	0	2	1	3			
10	0	2	6	5 2	14			
11	Q	2 0 3 1	0	2	14 2 5 3			
12	Q	3	I	1	5			
13	l		1	1	3			
15	4	5	6	9	25 2 5 6			
16	1	1	Ō	0	2			
17	Ō	0	3	3	5			
18	0	0	3 1 0 3 1	3 5 0 2 0	6			
19	0	1	0	0	1			
20	1	3	3	2	9			
22	1	0	1	0	3			
23	0	1	1	1	9 3 4 8 4			
25	0	I	3 1	4	8			
27	0	0	1	4 3 0				
28	0	1	1		1			
30	1	3 2	2	4	10			
Missing	0	2	0	0	2			
Total 0-30 ¹	88	106	110	127	432			
Percent early neonatal	85.6	69.4	64.5	56.1	67.6			

¹ Includes cases for which age at death (in exact days) is not known (0-6 days/0-30 days) * 100

Table D.6 Reporting of age at death in months

Distribution of reported deaths under two years of age by age at death in months and the percentage of infant deaths reported to occur at ages under one month, for five-year periods preceding the survey (unweighted), Turkey 1998

Age at death	Numb	Number of years preceding the survey						
(in months)	0-4	5-9	10-14	15-19	Total 0-19			
<1 ^a	88	108	110	127	434			
1	4	13	18	27	62			
1 2 3 4 5 6 7 8	7	17	18	22	64			
3	3 7	14	19	28	65			
4	7	4	14	23	47			
5	7	6	11	11	35			
6	4	6 7 3 4	13	21	46			
7	4	3	4	13	24			
8	7		4	11	26			
	5	4	7	11	27			
10	1	4 1 3 12	4	ì	7			
11	2	3	1	9	15			
12	4		9	16	41			
13	1	0	0	2	2 3			
14	1	1	0	0	3			
15	0	1	0	0	1			
16	0	0	0	1	1			
18	0	6	5 0	5	16			
19	0	0		1	1			
20	i	0	0	0	1			
22	0	0	0	1	5			
24+	0	1	1	0	1			
l Year	4	3	5	3	16			
Total 0-11 ^b	139	185	223	305	852			
Percent neonatal ^e	63.5	58.6	49.6	41.6	51.0			

a Includes deaths under 1 month reported in days cases for which age at death (in exact months) is not known (under 1 month/under 1 year) * 100

APPENDIX E QUESTIONNAIRES

•				
·				
				•

HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES 1998 TURKISH DEMOGRAPHIC AND HEALTH SURVEY HOUSEHOLD QUESTIONNAIRE

	II	DENTIFICATION						
CLUSTER NO		PROVINCE						
HOUSEHOLD NO								
REGION			er					
URBAN (1) / RURAL (2)								
OKDIN (1) NOIGH (2)				— <u> ll</u>				
INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE: DAY-MONTH		·						
NAME AND SURNAME OF INTERVIEWER								
RESULT (*)								
NEXT VISIT DATE				TOTAL NUMBER OF VISITS				
(*) RESULT CODES: 1 COMPLETED 2 HOUSEHOLD PRESENT B	BUT NO COMPETENT RESPONDENT A	TOTAL IN HO	DUSEHOLD					
HOME 3 HOUSEHOLD ABSENT		TOTAL ELIG	TOTAL ELIGIBLE EVER MARRIED WOMEN					
4 POSTPONED 5 REFUSED		TOTAL ELIG	TOTAL ELIGIBLE SINGLE WOMEN					
6 DWELLING VACANT/ AI 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER) , ·		SELECTED FOR HUSBANDS YES					
(SI	PECIFY)	NO	2	- 1 1 <u>1</u>				
SUPERVISOR	FIELD EDIT	OR	KEYER					
DAY-MONTH	DAY-MONTH		DAY-MONTH					

SECTION1. Now I would like some information about people in this household, such as age and education. HOUR MINUTE нн RELATION HOUSEHOLD LIST LINE SHIP TO RESIDENCE SEX AGE DATE OF BIRTH NO HEAD OF HH ADD BY ASKING A-B-C-D Could you please tell me the name What is the Does.... Did How old is In what month and year relationship of usually live male or of the household head? .,...? was...... born? sleep What age female?to in this DO NOT PROBE BUT MAKE Could you please tell me the names here the household house? have SURE TO OBTAIN TRUE of other people living in this last head? What is completed? night? DATE RATHER THAN household?to REGISTRED DATE. Is there anyone who usually lives in the household WRITE "98" FOR UNKNOWN this household but is absent at head? MONTHS, "9998" FOR present? OBTAIN AGE UNKNOWN YEARS. YES..... Additionally, are there persons who USE CODE YES...... 1 MALE....1 M do not live here but who have stayed List(*) NO 2 NO FEMALE 2 COMPLETED here last night? YEARS (01)(02)(03)(04)(05)(06)(07)(08)01 1 2 1 2 1 2 02 I 2 I 2 1 2 1 2 1 2 1 2 03 04 1 2 1 2 2 05 1 2 1 2 1 2 06 1 2 1 2 1 2 07 1 2 1 2 ļ 2 80 1 2 1 2 1 2 09 1 2 1 2 1 2 10 1 2 1 2 1 2 I want to be sure that I have completed the full list of everyone in this household. IF THE HOUSEHOLD LIST COMPRISES MORE THAN 10 PERSONS, TICK HERE AND CONTINUE → ADD TO LIST YES 1. Are there any other persons such as small LISTING THE HOUSEHOLD ON A SEPARATE FORM. PROCEED WITH THE REST OF THE children or infants? NO INTERVIEW ON THE ADDITIONAL FORM. 2. Are there any others who are not members of $\longrightarrow ADD TO LIST$ YE\$ your family but live here, such as todgers, friends, servants? NO

HH LINE NO	PLACE OF BIRTH	F MATERNAL SURVIVAL		PATERNAL SURVIVAL		EDUCATION ASK IF AGED 6 AND OVER			
	In which province was born?	Is's natural mother alive? ALIVE1 DEAD2 DK8	RECORD LINE NO. IF LISTED IN THE HOUSE, RECORD "96" IF LIVING ELSEWHERE.	Is's natural father alive? ALIVE1 DEAD2 DK8	RECORD LINE NO. IF LISTED IN THE HOUSE. RECORD "96" IF LIVING ELSEWHERE	Has ever been to school? YES	school attended? What is the highest grade completed at that level? LEVEL/GRADE	Did graduate from this school? (Didreceive diploma?) YES	
	(09)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
01		I 2 8		1 2 8		1 2 8		i 2 8	
02		1 2 8		1 2 8		1 2 8		i 2 8	
03		1 2 8		1 2 8		1 2 8		1 2 8	
04		1 2 8		1 2 8		1 2 8		1 2 8	
05		1 2 8		1 2 8		1 2 8		1 2 8	
06		128		1 2 8		1 2 8		1 2 8	
07		1 2 8		1 2 8		1 2 8		1 2 8	
08		1 2 8		1 2 8		1 2 8		1 2 8	
09		1 2 8		1 2 8		1 2 8		1 2 8	
10		1 2 8		1 2 8		1 2 8		I 2 8	
01 HE. 02 WII 03 SOI 04 SOI LAW	ad Fe/Husband N/Daughter N/Daughter.in Andchild	NSHIP TO THE HOUSEHO 07 PARENT-IN-LAW 08 SIBLING 09 SIBLING -IN- LAW 10 FATHER'S SIBLIN 11 MOTHER'S SIBLIN 12 STEP CHILD	13 14 7 15 G 16 HG 17	FIRST DEGREE COUSIN GRAND PARENT SIBLING'S CHILD OTHER RELATIVE NOT RELATED		LEVEL CODES 1 PRIMARY 2 SECONDARY 3 HIGH SCHOOL 4 UNIVERSITY 8 DK	CODES FOR GRAI ULESS THAN YEAR/PREP DK	ONE	

HH LINE NO	ASK IF AGED LESS THAN 25	MARITAL STATUS ASK IF AGED 12 AND 0	WER	ELIGIBLE WOMAN		ELIGIBLE HUSBAND	
	Isstill attending school?	Has ever married?	What is's marital status?	RECORD LINE NO OF SPOUSE AND SKIP TO QST. 22	CIRCLE LINE NUMBER IF SINGLE WOMAN AGE 15-49	CIRCLE LINE NUMBER IF EVER MARRIED WOMAN AGE	AFTER COMPLETING THE HH LIST CIRCLE LINE NUMBER IF HE IS CURRENT
	YES 1 NO 2 DK 8	YES	MARRIED	if spouse not in the Household List, write "96".	AND SKIP TO NEXT PERSON	15-49 AND SKIP TO NEXT PERSON	HUSBAND OF A CURRENTLY MARRIED WOMAN CIRCLED IN QST 22
	(17)	(18)	(19)	(20)	(21)	(22)	(23)
01	1 2 8	1 2 8	1 2 3 4 8		01	01	01
02	1 2 8	1 2 8	12348		02	02	02
03	1 2 8	1 2 8	1 2 3 4 8		03	03	03
04	1 2 8	1 2 8	1 2 3 4 8		04	04	04
05	1 2 8	1 2 8	1 2 3 4 8		05	05	05
06	1 2 8	i 2 8	1 2 3 4 8		06	06	06
07	1 2 8	i 2 8	1 2 3 4 8		07	07	07
08	1 2 8	1 2 8	1 2 3 4 8		08	08	08
09	1 2 8	1 2 8	1 2 3 4 8		09	09	09
10	1 2 8	1 2 8	1 2 3 4 8		10	10	10

SECTION 2. WELFARE OF ELDERLY

30	CHECK QUESTION 07: IN HOUSEHOLD LIST THERE IS AT LEAST ONE ALL PERSONS ARE LESS PERSON AGE 65 AND OVER THAN 65			→ 40
	ENTER THE NAME AND LINE NUMBER OF EACH ELDERLY LISTED IN THE HOUSEHOLD SCHEDULE. ASK QUESTIONS ABOUT EACH OF THE ELDERLY SEPARATELY. BEGIN WITH THE ELDERLY HIGHEST ON THE HOUSEHOLD LIST. (IF THERE ARE MORE THAN 2 ELDERLY, USE ADDITIONAL QUESTIONNAIRES).			
31	FROM QUESTION 02 FROM QUESTION 01	NAME	NAMELINE NUMBER	
32	Does have any living children? IF YES: How many? IF NO WRITE "00".	NO OF CHILDREN	NO OF CHILDREN	
33	Does, have any living step children? IF YES: How many? IF NO WRITE "00".	NO OF STEP CHILDREN	NO OF STEP CHILDREN	
34		SKIP TO QST. 36, IF HAS NO LIVING CHILDREN OR STEP CHILDREN.	SKIP TO QST. 36. IF HAS NO LIVING CHILDREN OR STEP CHILDREN.	
35	Of's own or step children, where does the nearest living child live? In the same house, very close, or another place?	SAME HOUSE	SAME HOUSE	
36	Who takes the prime responsibility for's needs, health and welfare?	HIMSELF/HERSELF	HIMSELF/HERSELF	
37	Does have any income?	YES1 NO2	YES1 →39 NO2	→ 39
38	What are the source(s) of this income?	PENSION (SELF)B PENSION (DIRECT)B OLD AGE PENSIONC	PENSION (SELF)	
	RECORD ALL MENTIONED.	RENT/INTEREST	RENT/INTEREST	
39		RETURN TO QST. 32 IF THERE IS ANOTHER ELDERLY IN THE HOUSE; SKIP TO QST. 40 OTHERWISE.	return to Qst. 32 if there is another elderly in the house; skip to Qst. 40 otherwise.	

SECTION 3. HOUSING CHARACTERISTICS

40	Does this house belong to a household member, is it rented from someone else, is it a lodging, or do you just live here without having to pay anything?	OWNED BY A HOUSEHOLD MEMBER
41	What is the source of drinking water for members of your household?	PIPED WATER 11 → 43 PUBLIC PIPED WATER OUTSIDE HOUSE/GARDEN
42	How long does it take you to go there, get water, and come back?	ON PREMISES
43	Is the toilet inside the house or outside?	NO FACILITY/BUSH/FIELD
44	What type of toilet system do you have in your household? PROBE IF THE TOILET SYSTEM IS CONNECTED TO DRAINAGE SYSTEM. IF CONNECTED: Is the toilet used by only the members of your household or is it shared with other households? IF NOT CONNECTED: What is the facility for exerata disposal?	FLUSH TOILET 11 SHARED FLUSH TOILET 12 PIT TOILET 21 CLOSED FIT 22 NO FACILTY/ BUSH/ FIELD 31 OTHER 96 (SPECIFY)
45	What is the main source of heating in winter for your house?	RADIATOR (CENTRAL HEATING) 1 RADIATOR (PRIVATE) 2 NATURAL GAS STOVE 3 STOVE (COAL, WOOD) 4 OTHER 7 (SPECIFY)

46	How many rooms in your household are normally used for sleeping?	ROOMS USED FOR SLEEPING	
47	What is the main material of the floor?	NATURAL FLOOR EARTH	
		FINISHED FLOOR PARQUET OR POLISHED WOOD	
		CARPET	
48	I would like to get an estimate of the total income earned by the members of this household. Approximately, do the household members earn per month:		
48A	More than 100 million?	YES	> 48D
48 B	More than 300 million?	YES	→ 49
48 c	More than 500 million?	YES]_> 49
48 0	Less thán 50 million?	YES	
49	Do you have the following in the household? Refregirator Gas or Electric Oven Dishwasher Washing Machine Vacuum Cleaner Television Video Recorder Camera CD Player Telephone Mobile Telephone Car (Excluding tractors, taxis etc)	YES NO REFREGIRATOR 1 2 GAS OR ELECTRIC OVEN 1 2 DISHWASHER 1 2 WASHING MACHINE 1 2 VACUUM CLEANER 1 2 TELEVISION 1 2 VIDEO RECORDER 1 2 CAMERA 1 2 CD PLAYER 1 2 TELEPHONE 1 2 MOBILE TELEPHONE 1 2 CAR 1 2	
ļ	Computer	COMPUTER 1 2	

50	LINE NO. OF RESPONDENT TO THE HOUSEHOLD SCHEDULE	LINE NO
51	LANGUAGE USED FOR CONDUCTING THE HOUSEHOLD QUESTIONNAIRE	TURKISH 1 → 53 KURDISH 2 ARABIC 3 OTHER 7 (SPECIFY) 7
.52	WAS AN INTERPRETER USED?	YES I NO
53	RECORD THE TIME	HOUR

GO BACK TO THE FRONT COVER AND
COMPLETE THE NECESSARY INFORMATION.

1 Adana	21 DIYARBAKIR	41 Kocaeli	61 TRABZON
02 Adiyaman	22 EDIRNE	42 Konya	62 TUNCELI
03 AFYON	23 Elaziğ	43 K ütahya	63 ŞANLIURFA
04 Ağrı	24 ERZINCAN	44 MALATYA	64 Uşak
05 Amasya	25 Erzurum	45 MANISA	65 VAN
06 Ankara	26 Eskişehir	46 K.Maraş	66 YOZGAT
07 ANTALYA	27 GAZIANTEP	47 MARDIN	67 ZONGULDAK
08 Artvin	28 GIRESUN	48 MUĞLA	68 AKSARAY
09 AYDIN	29 Gümüşhane	49 Muş	69 BAYBURT
10 Balikesir	30 Hakkarı	50 Nevşehir	70 KARAMAN
11 BILECIK	31 HATAY	51 NIĞDE	71 KIRIKKALE
12 BINGÖL	32 ISPARTA	52 Ordu	72 BATMAN
13 BITLIS	33 İÇEL	53 RIZE	73 ŞIRNAK
14 Bolu	34 ISTANBUL	54 SAKARYA	74 BARTIN
15 BURDUR	35 İZMIR	55 Samsun	75 Ardahan
16 Bursa	36 Kars	56 SHRT	76 IĞDIR
17 Çanakkale	37 KASTAMONU	57 SINOP	77 YALOVA
18 Çankırı	38 KAYSERI.	58 Sivas	78 Karabük
19 ÇORUM	39 Kirklareli	59 Tekirdağ	79 Kilis
20 Denizli	40 Kirşehir	60 Tokat	80 OSMANIYE

CONVERSION OF YEARS OF BIRTH FROM RUMI CALENDAR TO MILADI CALENDAR YEARS:

RUMI YEAR + 584 = MILADI YEAR

HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES 1998 TURKISH DEMOGRAPHIC AND HEALTH SURVEY EVER-MARRIED WOMAN'S QUESTIONNAIRE

IDENTIFICATION				
CLUSTER NO. PROVINCE				
NAME-SURNAME OF WO	NAME-SURNAME OF WOMAN LINE NUMBER OF WOMAN			
	INT	TERVIEWER VISI	rs	
	1	2	3	FINAL VISIT
DATE (DAY-MONTH) INTERVIEWER'S NAME-SURNAME				
RESULT (*) NEXT DAY-MONTH VISIT				TOTAL NO OF
HOUR VISITS (*) RESULT CODES: 1 COMPLETED 5 PARTLY COMPLETED 2 NOT AT HOME 3 POSTPONED 7 OTHER 4 REFUSED (SPECIFY)				
SUPERVISOR DAY-MONTH	FIELD DAY-MO	EDITOR DITTOR	KEYED E	

	Year of birth	
Age	Has not had birthday in 1998	Has already had birthday in 1998
	Does no	ot know
0	1997	-
1	1996	1997
2	1995	1996
3	1994	1995
4	1993	1994
5	1992	1993
6	1991	1992
7	1990	1991
8	1989	1990
9	1988	1989
10	1987	1988
11	1986	1987
12	1985	1986
13	1984	1985
14	1983	1984
15	1982	1983
16	1981	1982
17	1980	1981
18	1979	1980
19	1978	1979
20	1977	1978
21	1976	1977
22	1975	1976
23	1974	1975
24	1973	1974
25	1972	1973
26	1971	1972
27	1970	1971
28	1969	1970
29	1968	1969
30	1967	1968
31	1966	1967
32	1965	1966
33	1964	1965
34	1963	1964

	Year of birth	
Age	Has not had birthday in 1998	Has already had birthday in 1998
	Does no	ot know
35	1962	1963
36	1961	1962
37	1960	1961
38	1959	1960
39	1958	1959
40	1957	1958
41	1956	1957
42	1955	1956
43	1954	1955
44	1953	1954
45	1952	1953
46	1951	1952
47	1950	1951
48	1949	1950
49	1948	1949
50	1947	1948
50 51	1947 1946	1948 1947
51	1946	1947
51 52	1946 1945	1947 1946
51 52 53	1946 1945 1944	1947 1946 1945
51 52 53 54	1946 1945 1944 1943	1947 1946 1945 1944
51 52 53 54 55	1946 1945 1944 1943	1947 1946 1945 1944 1943
51 52 53 54 55 56	1946 1945 1944 1943 1942 1941	1947 1946 1945 1944 1943 1942
51 52 53 54 55 56 57	1946 1945 1944 1943 1942 1941 1940	1947 1946 1945 1944 1943 1942 1941
51 52 53 54 55 56 57 58	1946 1945 1944 1943 1942 1941 1940	1947 1946 1945 1944 1943 1942 1941 1940
51 52 53 54 55 56 57 58 59	1946 1945 1944 1943 1942 1941 1940 1939 1938	1947 1946 1945 1944 1943 1942 1941 1940 1939
51 52 53 54 55 56 57 58 59 60 61 62	1946 1945 1944 1943 1942 1941 1940 1939 1938	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936
51 52 53 54 55 56 57 58 59 60 61 62 63	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935
51 52 53 54 55 56 57 58 59 60 61 62	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933 1932 1931	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933 1932 1931	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933

SECTION 1. RESPONDENT'S BACKGROUND

101	RECORD THE TIME	HOUR - MINUTES
102A	Pirst I would like to ask some questions about you and the place you lived. For most of the time until you were 12 years old, where did you live ?	
	(NAME OF THE PLACE) Was it a province centre, district centre, a subdistrict or village ? Or did you live abroad ?	PROVINCE CENTRE
102в	In which province is this place now ? RECORD THE NAME AND CODE OF THE PROVINCE.	NAME OF PROVINCE PROVINCE CODE
103	How long have you been living continously in (NAME OF CURRENT PLACE OF INTERVIEW) ?	YEARS
104A	Where did you live before you moved here ? (NAME OF THE PLACE) Was that a province centre, district centre, a subdistrict or village ? Or did you live abroad ?	PROVINCE CENTRE
104в	In which province is this place now ? RECORD THE NAME AND CODE OF THE PROVINCE.	NAME OF PROVINCE PROVINCE CODE
104c	What was the main reason for you to move here ?	PERSONAL REASONS MARRIAGE
	·	OTHER96 (SPECIFY)

105	In what month and year were you born ?	MONTH
106	How old are you exactly ? What age have you completed ? CHECK ANSWERS TO 105 AND 106 USING AGE-BIRTH YEAR TABLE. IF INCONSISTENT PROBE AND CORRECT. AGE INFORMATION MUST BE RECORDED !	AGE IN COMPLETED YEARS
107	Have you ever attended school ?	YES
108	What is the highest level you have attended ?	PRIMARY
109A	What is the highest grade you have completed at that level ?	GRADE
109В	Did you graduate (receive diploma) from this school ?	YES
110	CHECK 106 : AGE 24 OR BELOW OR ABOVE] →113
111	Are you currently attending school ?	YES

112	What was the main reason you stopped attending school ?	GOT PREGNANT	
113	снеск 108 :	1	1
	ATTENDED ATTENDED	7	
i	PRIMARY SECONDARY -		l
	OR HIGHER		1
		1	_
114	Can you read and understand a letter or newspaper	EASILY1	
	easily, with difficulty, or not at all ?	with Dipficulty2	
;		NOT AT ALL3	ł
] 1	
i		1	
115	How frequent do you read a newspaper or magazine ?	EVERY DAY/ALMOST EVERY DAY,1	
	,	ONCE-TWICE A WEEK2 RARELY/SELDOM	
		NEVER/ALMOST NEVER4	
		i .	
· · · · · · · · · · · · · · · · · · ·			-
116A	What is your mother tongue ?	TURKISH01	
		KURDISH AND DIALECTS	
•	. '	(KURMANCI, GORANI, ZAZA ETC)02	
	RECORD ONLY ONE RESPONSE.	ARABIC03 GREEK04	
	STATE OF THE STATE STATE STATES	ARMANIAN05	
Ì		HEBREW(LADINO)06	
		CIRCASSIAN07	
	·	GEORGIAN08	
	·	LAZ LANGUAGE09 PERSIAN10	
		BULGARIAN11	
		RUMANIAN12	
		SERBIAN13	
		ENGLISH	
		GEORGIA . , , , , , , , , , , , , , , , , , ,	
	·	OTHER96	
i		(SPECIFY)	

446-	1	
116B	In addition to your mother tongue, which language(s)	TURKISH
	can you speak ?	KURDISH AND DIALECTS
		(KURMANCI, GORANI, ZAZA ETC)B
	·	ARABICC
		GREEKD
	RECORD ALL MENTIONED.	ARMANIANE
		HEBREW (LADINO)F
	ì	CIRCASSIANG
	<u> </u>	GEORGIANH
		LAZ LANGUAGEI
	1	PERSIAN
	i	BULGARIANK
		RUMANIANL
	.	Serbian
	{ ·	ENGLISHN
	i .	GERMAN
]	1
	f	OTHERU
		(SPECIFY)
	i	(010017.1)
		KNOWS NO OTHER LANGUAGEY
	<u>i</u>	MICHO DO CITIEN ERROGADE
	1	1
116c	What is (was) your mother's and father's mother toung	e ? MOTHER
	, , , ,	<u> </u>
	USE THE CODES IN 116A.	PATHER
	İ	1
117	What is your religion ?	Muslim
		SUNNI01
	IF THE ANSWER IS "MUSLIM" PROBE FOR RELIGIOUS	ALAWI02
	SECT AND CIRCLE APPROPRIATE CODE.	
	SECT AND DIROTE AFFINDY HIATE CODE.	OTUPP
		OTHER 03
		CHRISTIAN06
		JEWISH07
		NO RELIGION10
		1
	· · · · ·	OTHER96
		(SPECIFY)
440		
118	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE:	J I
		INTERVIEWED
ł	IS NOT A USUAL IS A USUAN	· []
ł	RESIDENT RESIDENT	→201
	<u> </u>	
		1
119A	Now I would like to ask about the place in which you	.
	usually live.	[·
	What is the name of the place in which you usually liv	ve ?
1)
1		1
1	(NAME OF PLACE)	PROVINCE CENTRE1
		DISTRICT CENTRE2
	Is that a province centre, a district centre, a	SUBDISTRICT OR VILLAGE3
	subdistrict or village, or are you living abroad ?	ABROAD4—→120A

		1
1198	In which province is that located ?	NAME OF PROVINCE PROVINCE CODE
120A	Now I would like to ask about the household you usually live. How many persons do usually live in your house ?	NUMBER
120B	Does the house you usually live belong to a household member, is it rented from someone else, is it a lodging, or do you just live here without having to pay anything?	OWNED BY A HOUSEHOLD MEMBER1 RENTED
		(SPECIFY)
121A	What is the source of drinking water for your household ?	PIPED WATER PIPED WATER IN HOUSE/GARDEN11— PUBLIC PIPED WATER OUTSIDE HOUSE/GARDEN12 WELL WATER WELL IN RESIDENCE/GARDEN21— PUBLIC WELL
121B	How long does it take you to go there, get water, and come back ?	MINUTES
122A	Is the toilet inside the house or outside ?	NO PACILITY/BUSH/FIELD0——>123 INSIDE
		(NE POTT !)

1228	What type of toilet system do you have in your household? PROBE IF THE TOILET SYSTEM IS CONNECTED TO DRAINAGE SYSTEM. IF CONNECTED: Is toilet used by only the members of your household or is it shared with other households? IF NOT CONNECTED: What is the facility for excrata disposal?	CONNECTED TO DRAINAGE SYSTEM USED ONLY BY THIS HOUSEHOLD11 SHARED WITH ANOTHER HOUSEHOLD.12 PIT OPEN PIT
123	What is the source of heating in winter for your house ?	RADIATOR (CENTRAL HEATING)
124	How many rooms in your household are used for sleeping?	ROOMS USED FOR SLEEPING
125	What is the main material of the floor ?	NATURAL FLOOR EARTH
126	I would like to get an estimate of the total income that enters your household each month. Is the total amount of money earned by the members of your household in a month:	
126A	More than 100 million ?	YES
1268	More than 300 million ?	YES1 NO2 → 127
126c	More than 500 million ?	YES1
126D	Less than 50 million ?	YES1 NO2

Do you have the following in your household?	YES	Ŋ
Refrigerator	REPRIGERATOR1	
Gas or electric oven	GAS/ELECTRIC OVEN1	
Dishwasher	DISHWASHER1	
Washing machine	WASHING MACHINE1	
Vacuum cleaner	VACUUM CLEANER1	
Television	TELEVISION1	
Video	VIDEO1	
Camera	CAMERA	
Music set with CD player	MUSIC SET WITH CD PLAYER1	
Telephone	TELEPHONE1	
Cellular Telephone	CELLULAR TELEPHONE1	
Car (excluding tractors, taxis, etc.)	CAR1	
Computer	COMPUTER1	

	•				
					:
	•		·		
				•	
		•			
•					

SECTION 2A. REPRODUCTION

201	Now I would like to ask about all the births you have had during your life. Have you ever given birth ?	YES1 NO2>206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES
203	How many sons live with you ? And how many daughters live with you ? IP NONE, RECORD "00".	SONS AT HOME
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES1 NO2—→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IP NONE, RECORD "00".	SONS ELSEWHERE
206	Have you ever given birth to a boy or a girl who was born alive but later died ? IP NO, PROBE: Any baby who cried or showed signs of life but only survived a few hours or days ?	YES1 NO2→→208
207	In all, how many boys have died ? And how many girls have died ? IF NONE, RECORD "OO".	BOYS DEAD
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD "00".	TOTAL
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL live births during your life. Is that correct? PROBE AND YES NO PROBE AND CORRECT 201-208 AS NECESSARY.	
210	CHECK 208 : ONE OR MORE LIVE BIRTHS BIRTHS) >227

CONTINUE WITH THE BIRTH HISTORY (Q. 211)

BIRTH HISTORY

211 Now I would like to talk to you about all of your births. It is very important to learn about all of your births, whether still alive or not. Please let's start with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. MAKE SURE TO RECORD DECEASED CHILDREN FROM MULTIPLE BIRTHS BEFORE THOSE SURVIVING. 215 In what month and year was 216 Is 212 What name was 213 RECORD 214 Is (NAME) (NAME) born ? What is his/her SINGLE OR a boy or (NAME) given to your still (first/next) MULTIPLE a girl ? birthday ? PROBE : In what season was baby ? BIRTH alive ? STATUS he/she born ? WRITE "BABY" NOTE: THE YEAR OF BIRTH FOR IF THE BABY ALL CHILDREN, THE MONTH AND YEAR OF CHILDREN BORN DIED BEFORE A NAME GIVEN. AFTER 1993 HAVE TO BE DETERMINED ! BOY.....1 YES.....1 SINGLE.....1 MONTH. MULTIPLE....2 GIRL.....2 No.....2-(NAME) 219 -SINGLE.....1 воу.....1 YES.....1 MONTH..... MULTIPLE....2 GIRL.....2 NO....2-(NAME) 219 -SINGLE.....1 BOY.....1 YES.....1 MULTIPLE....2 GIRL.....2 NO.....2-(NAME) 219 ---SINGLE.....1 BOY.......1 YES.....1 MULTIPLE....2 GIRL.....2 9 NO.....2--(NAME) 219 --05 SINGLE.....1 BOY.....1 MONTH....... YES.....1 MULTIPLE....2 GIRL.....2 9 (NAME) 219 4

How old was (NAME) at his/ her last birthday? RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY.	218 IF ALIVE: Is (NAME) living with you ?	219 IF DEAD: How old was (NAME) when he/she died ? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS OTHERWISE.	PROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE YEARS ?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME) ?
AGE IN YEARS	YES1- NO2- NEXT BIRTH	DAYS		
AGE IN YEARS	YES1- NO2-	DAYS	YES1 NO2	YES1
AGE IN YEARS	YES1- NO2-	DAYS	YES1 NO2	YES1
AGE IN YEARS	YES1- NO2- 220	DAYS	NO2-	YES1
AGE IN YEARS	YES1- NO2-	DAYS	YES1 NO2	YES1
				IF THE ANSWER IS YES GO BACK AND MAKE THE NECESSARY CHANGES.

212 What name given to (first/no baby? WRITE "B, IF THE B, DIED BEF(NAME GIVI	your SINGLE OR ext) MULTIPLE BIRTH STATUS ABY" ABY ORE A	214 Is (NAME) a boy or a girl ?	215 In what month and year was (NAME) born ? What is his/her birthday ? PROBE : In what season was he/she born ? NOTE: THE YEAR OP BIRTH POR ALL CHILDREN, THE MONTH AND YEAR OF CHILDREN BORN AFTER 1993 HAVE TO BE DETERMINED !	216 Is (NAME) still alive ?
06	SINGLE1	rov 1	l Manuary	<u> </u>
		j	MONTH	YES1
(NAME	MULTIPLE2	9 GIRL2	YEAR1 9	NO2-
				219 -
07	CYNGIA 1	l nov	1	1
	SINGLE1	воу1	MONTH	YES1
(NAME	MULTIPLE2	GIRL2	YEAR1 9	NO2
	<u> </u>	1		219
08	1			
	SINGLE1		MONTH	YES1
(NAME	MULTIPLE2	GIRL.,2	YEAR 1 9	NO2-
			·	219
09	1	.		
	SINGLE1	BOY1	MONTH	YES1
(NAME	MULTIPLE2	GIRL2	YEAR1 9	NO2
]	}		219
10	[<u> </u>		[
	SINGLE1	воу1	MONTH	YES1
(NAME	MULTIPLE,2	GIRL2	YEAR 1 9	NO2-
(ĺ			219
IS MORE THAT	F NUMBER OF LIVE BIRTHS N 10 AND CONTINUE QUESTIONNAIRE			

•			1	1 L
217 IF ALIVE:	218 IF ALIVE:	219 IP DEAD:	220	221
How old was		How old was (NAME)		Were there
(NAME) at his/	Is (NAME)	when he/she died ?	FROM YEAR OF	any other
		when he/she died ?		
her last	living with	N. W	BIRTH OF (NAME)	live births
birthday ?	you?	IP "1 YR.", PROBE:	SUBTRACT YEAR OF	between
RECORD AGE IN		How many months old was (NAME)?	PREVIOUS BIRTH.	(NAME OF
COMPLETED YEARS.		RECORD		PREVIOUS
MAKE		DAYS IF LESS THAN 1 MONTH;	IS THE DIPPERENCE	BIRTH)
CALCULATIONS FOR		Months If Less than two years;	4 OR MORE YEARS ?	and
CONSISTENCY.		OR YEARS OTHERWISE.		(NAME) ?
AGE IN YEARS		[[j ·
	YES1	DAYS1	YES,1	YES1
]]]		<mark>├──╁──</mark> ┧┆		j !
إللا	NO2-	MONTHS2	NO2-	NO2
	÷	<u> </u>		1
	220	YEARS3	NEXT BIRTH ◆	1
			<u> </u>	<u> </u>
AGE IN YEARS	i i		1	1 1
	YES1-	DAYS1	YES,1	YES1
	NO,2-	MONTHS2	NO.,,,,,,,2-7	NO2
	220	YEARS3	NEXT BIRTH	l i
	220	TEARS	MENT STRIB	i i
AGE TH VEADO	·			
age in Years				
	YES1-	DAYS1	YES1	YES1
				· •
ليجلحنا	NO2-	MONTHS2	NO2	NO2
	Ý	 		ļ ļ
	220	YEARS3	NEXT BIRTH →	1
		<u></u>		
AGE IN YEARS	:	[- 		i !
	YES1-	DAYS1	YES1	YES1
		┞ ┉ ┿┈┨╶		'
ا. لحلال	NO2-	MONTHS2	NO2-1	NO2
:	÷	 - 	1	
	220	YEARS3	NEXT BIRTH →	i i
	<u> </u>	<u> </u>	! 	<u> </u>
AGE IN YEARS	ı	, 	1	1
	YES1	DAYS1	YES1	YES1
	NO2-	MONTHS2	NO2	NO2
	220	YEARS3	NEXT BIRTH	}
	220	Latio	HINT DELIN	ļ <u>, , , , , , , , , , , , , , , , , , ,</u>
				IF THE ANSWER
				1
	•			IS YES GO
				BACK AND MAKE
				THE NECESSARY
				CHANGES.
			1	'
				·

FROM 1998 SUBTRACT YEAR OF LAST BIRTH.	1		
is the difference 4 years or more ?	YES1 NO2——→224		
Have you had any live births since the birth of (NAME OF LAST BIRTH) ?	YES1 NO2—→224		
GO BACK AND MAKE THE NECESSARY CORRECTIONS.			
COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY ABOVE:			
NUMBERS NUMBERS ARE SAME ARE DIPPERENT CHECK AND TICK:	NCILE, AND MAKE NECESSARY CORRECTIONS)		
FOR EACH BIRTH: YEAR OF BIRTH (215) IS RECORDED			
FOR EACH BIRTH AFTER 1993: MONTH OF BIRTH (215) IS RECORDED			
FOR EACH LIVING CHILD: CURRENT AGE (217) IS RECORDED			
(IF ANY) FOR EACH DEAD CHILD:			
AGE AT DEATH (219) IS RECORDED			
FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBED TO I	DETERMINE EXACT NUMBER OF MONTHS (219)		
CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 199)3.		
IF NONE, RECORD 'O'.			
FOR EACH BIRTH SINCE JANUARY 1993 ENTER 'D' IN THE CALENDAR AND 'H' IN EACH OF THE 8 PRECEDING THE LEFT OF THE 'D' CODE.	· · · · · · · · · · · · · · · · · · ·		
Are you pregnant now ?	YES		
How many months pregnant are you ? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'H'S IN COLUMN 1 OF THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS		
	IS THE DIFFERENCE 4 YEARS OR MORE? Have you had any live births since the birth of (NAME OF LAST BIRTH)? GO BACK AND MAKE THE NECESSARY CORRECTIONS. COMPARE 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY ABOVE: NUMBERS ARE SAME ARE SAME CHECK AND TICK: FOR EACH BIRTH: YEAR OF BIRTH (215) IS RECORDED FOR EACH BIRTH AFTER 1993: MONTH OF BIRTH (215) IS REFORMED (IF ANY) FOR EACH DEAD CHILD: AGE AT DEATH (219) IS RECORDED FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBED TO IT CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1993 IF NONE, RECORD 'O'. ARE YOU PREMAIN AND 'H' IN EACH OF THE 8 PRECEDING THE LEFT OF THE 'D' CODE. ARE YOU PREMAIN AND 'P' THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND		

229	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children at all ?	THEN
230A	Have you ever had a pregnancy that ended in a miscarriage ?	YES1 NO2—→230C
230B	In all, how many miscarriages have you had ?	NUMBER OF MISCARRIAGES
230C	Have you ever had a pregnancy that ended in an induced abortion ?	YES1 NO2—→230E
230D	In all, how many induced abortions have you had ?	NO. OF INDUCED ABORTIONS
230E	Have you ever had a pregnancy that ended in a still birth ?	YES1 NO2—→230G
230F	In all, how many still births have you had ?	NUMBER OF STILL BIRTHS
230G	CALCULATE THE TOTAL NUMBER OF PREGNANCIES. TOTAL NUMBER OF PREGNANCIES ENDING IN MISCARRIAGES, INDUCED ABORTIONS, OR STILL BIRTHS: SUM THE ANSWERS TO 230B, 230D, AND 230F. TOTAL NUMBER OF PREGNANCIES ENDING IN LIVE BIRTHS: SUM THE NUMBER OF SINGLE BIRTHS IN THE BIRTH HISTORY. ADD TO THAT SUM THE NUMBER OF MULTIPLE BIRTHS. TOTAL NUMBER OF COMPLETED PREGNANCIES: =	TOTAL NUMBER OF COMPLETED PREGNANCIES

230н	СНВСК 230G:	
	Just to make sure that I have this right. You have had in TOTAL completed pregnancies. Is that correct? PROBE AND CORRECT YES NO AS NECESSARY.	
2301	CHECK 230B, 230D AND 230F:	
	MISCARRIAGE OR STILLBIRTH MISCARF	INDUCED ABORTIONS, RIAGES, LLBIRTHS
231A	Now I would like to ask about any recent induced abortions, miscarriages, or still births which you have had. When did the last such pregnancy ended?	MONTH
2318	Was this an induced abortion, a miscarriage, or a still birth ?	INDUCED ABORTION
2310	Whose decision was to end your pregnancy with an induced abortion ?	DOCTOR
2310	What was the main reason that your pregnancy to end with an induced abortion ?	HEALTH REASONS RELATED TO MOTHER

231E	STATE/SAMPLE HOSPITAL	
	(SPECIFY)	
232	CHECK 231A: LAST PREGNANCY ENDED SINCE JANUARY 1993 JANUARY 1993	>23 4
<u> </u>	Villoan 1993	
233	How many months pregnant were you when the last pregnancy ended ? RECORD NUMBER OF COMPLETED MONTHS FOR ALL WASTED PREGNANCIES IN COLUMNS 1 AND 2. - PROBE TO DETERMINE HOW THE PREGNANCY ENDED (INDUCED ABORTION, MISCARRIAGE, STILL BIRTH). - IN COLUMN 1 ENTER THE APPROPRIATE CODE IN THE MONTH AND YEAR THE PREGNANCY TERMINATED. CODES: F - SPONTANEOUS ABORTION K - INDUCED ABORTION J - STILL BIRTH - DETERMINE THE NUMBER OF COMPLETED MONTHS AND ENTER 'H' FOR THE REMAINING NUMBER OF	
	COMPLETED MONTHS. - IF THE PREGNANCY ENDED WITH INDUCED ABORTION, ENTER THE CODE FOR THE PLACE OF INDUCED ABORTION IN COLUMN 2 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED. CODES: C - STATE/SAMPLE HOSPITAL	
	THEN ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES BACK TO JANUARY 1993. REPEAT THE PROCEDURES AS DESCRIBED ABOVE FOR THESE PREGNANCIES. ILLUSTRATIVE QUESTIONS: - How did this pregnancy end ? (Was it an induced abortion, miscarriage, or still birth etc.) - What was the total duration of this pregnancy ? How many months pregnant were you ? - Where did you have this induced abortion ?	

234	When did your last menstrual period start ? (DATE, IF GIVEN) RECORD THE ANSWER AS GIVEN.	DAYS AGO
235	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times ?	YES
236	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant ?	DURING HER PERIOD

250	Are you currently married ? ACCEPT THOSE LIVING TOGETHER AS BEING MARRIED.	YES, CURRENTLY MARRIED1
252	What is your current marital status ? Are you widowed, divorced, or separated ?	WIDOWED
253	Is your husband living with you now, or is he staying elsewhere because of work, military service, a journey abroad ?	LIVING WITH HER1 STAYING ELSEWHERE2
254	ENTER THE LINE NUMBER OF HER HUSBAND FROM HOUSEHOLD SCHED	ULE.
255	Did you marry only once or more than once?	ONCE
257	CHECK 255: MARRIED ONCE THAN ONCE In what month and year did you marry (started your first husband. In what month and year did you marry (started living with) your husband?	MONTH
258	How old were you when you started living with your (first) husband?	AGE
259	How old was your (first) husband when you started living with him? IF THE WOMAN DOES NOT KNOW HER (FIRST) HUSBAND'S AGE AT MARRIAGE, ASK HOW MANY YEARS DIFFERENCE IS THERE BETWEEN HER AND HER (FIRST) HUSBAND AND ESTIMATE HER (FIRST) HUSBAND'S MARRIAGE AGE.	AGE

262	CHECK 250, IF CURRENTLY MARRIED ENTER 'X' IN THE MONTH OF INTERVIEW IN COLUMN 3 OF CALENDAR. THEN, DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1993. ENTER 'X' IN COLUMN 3 OF CALENDAR POR EACH MONTH MARRIED OR IN UNION, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT IN UNION. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR THE DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, PROBE FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. POR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF ANY, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. NOTE: AFTER YOU HAVE COMPLETED THESE, ALL THE BOXES IN COLUMN 3 FROM JANUARY 1993 TO INTERVIEW MONTH SHOULD BE FILLED. NOW I WANT to ask some questions about your marriage(s). CHECK 255: IF MARRIED ONLY ONCE, ASK ABOUT HER CURRENT/LAST HUSBAND. IF MARRIED MORE THAN ONCE, FIRST ASK ABOUT HER CURRENT/LAST HUSBAND AND THEN ABOUT HER PIRST HUSBAND. WRITE NAME(S) OF HER HUSBAND(S) AND USE THESE NAMES WHEN ASKING QUESTIONS.			
		CURRENT/LAST HUSBAND	FIRST HUSBAND	
265A	Did you have a civil marriage ceremony with your husband ?	YES	YES	
265B	Did you have a religious ceremony with your husband ?	YES	YES1 NO2	
265C	CHECK 265A AND 265B:	CIVIL AND RELIGIOUS CEREMONIES1 ONLY CIVIL CEREMONY2>268 ONLY RELIGIOUS CEREMONY OR NO CEREMONY3>267E	CIVIL AND RELIGIOUS CEREMONIES1 ONLY CIVIL CEREMONY2 ONLY RELIGIOUS 268 CEREMONY OR NO CEREMONY3	
266	Which marriage ceremony took place earlier?	CIVIL1 RELIGIOUS2	CIVIL1 RELIGIOUS2	
267A	How much time elapsed between two ceremonies? RECORD '00' DAYS IF BOTH TOOK PLACE ON THE SAME DAY. IF LESS THAN ONE MONTH RECORD AS DAY, IF LESS THAN TWO YEARS RECORD AS MONTH, OTHERWISE RECORD AS YEAR.	YEARS1 MONTHS2 DAYS3	YEARS1 MONTHS2 DAYS3	

		CURRENT/LAST HUSBAND	FIRST HUSBAND
		NAME	NAME
267в	снеск 266:	RELIGIOUS CIVIL IS EARLIER IS EARLIER>268	RELIGIOUS CIVIL IS EARLIER IS EARLIER>268
267C	What is (was) the main reason that you have religious ceremony before the civil ceremony ? RECORD ALL MENTIONED.	TRADITIONA PREGNANCY/BIRTHB CHILD GOING SCHOOLC CONFIDENCED NEIGH. PRESSUREE REACHED ELIGIBLE AGE TO HAVE CIVIL CEREMONYP TO START THEIR MARITAL, LIFEG OTHERU (SPECIFY)	TRADITIONA PREGNANCY/BIRTHB CHILD GOING SCHOOLC CONFIDENCED NEIGH. PRESSUREE REACHED ELIGIBLE AGE TO HAVE CIVIL CEREMONYP TO START THEIR MARITAL LIPEG OTHERU (SPECIPY)
267D		SKIP TO 268.	SKIP TO 268.
267E	ASK IF CURRENTLY MARRIED (Q. 250=1). In the future do you and/or your husband intend to have a civil ceremony?	YES, ONLY WOMAN1 YES, ONLY HUSBAND2 YES, BOTH3 NO, NONE OF THEM4 OTHER7 (SPECIFY) DON'T KNOW8	
268	How was your marriage with your husband arranged ? Have you decided together or was it arranged by your families ?	BY OURSELVES1 BY FAMILIES2— 2704— ESCAPED/ABDUCTED3— OTHER7— (SPECIFY) 2724—	BY OURSELVES
269	Did you have to seek consent of your family to get married ?	YES1— NO2— 272-	YES1- NO2-
270	Did your family seek your consent on your marriage ?	YES1 NO2	YES1 NO2

		CURRENT/LAST HUSBAND	PIRST HUSBAND
		NAME	NAME
271	Do you think that your family would insist on your marriage, even if you do not agree to marry ?	YES	YES
272	Did your husband or his family pay bridesmoney to your family ? IP YES: Was it given in cash or in kind ?	NO	NO
273A	When you first started to live with your husband, was there anyone else living with you in your household at that time?	YES	YES1 NO2— 275A◄——
273В	Who else? Who else? RECORD ALL MENTIONED.	WOMAN'S MOTHER/FATHERA SIBLING(S)B GRANDMOTHER/PATHER.C OTHER RELATIVESD CHILDRENE HER HUSBAND'S MOTHER/FATHERF SIBLING(S)G GRANDMOTHER/FATHER.H OTHER RELATIVESI CHILDRENJ NOT RELATIVES OF HER OR HER HUSBANDK OTHERU (SPECIFY) OTHERU (SPECIFY)	WOMAN'S MOTHER/PATHERA SIBLING(S)B GRANDMOTHER/PATHER.C OTHER RELATIVESD CHILDRENE HER HUSBAND'S MOTHER/PATHERF SIBLING(S)G GRANDMOTHER/FATHER.H OTHER RELATIVESI CHILDRENJ NOT RELATIVES OF HER OR HER HUSBANDK OTHERU (SPECIFY)
274	Approximately, how many years did you live with these person(s).	YEARSSTILL LIVING WITH96	YEARSSTILL LIVING WITH96
275A	Do (did) you have any relativeness with your husband ?	YES1 NO2— 278 —	YES1 NO2—

		CURRENT/LAST HUSBAND	PIRST HUSBAND
276A	What is (was) his relationship to you ?	PATHER'S SISTER'S SON02 MOTHER'S SISTER'S SON03	FATHER'S BROTHER'S SON.01 FATHER'S SISTER'S SON02 MOTHER'S SISTER'S SON03 MOTHER'S BROTHER'S SON.04
		OTHER96	OTHER96
276в	What was the main reason to marry with a relative ?	PROTECTING FAMILY ASSET	NOT TO ALLOW NONRELATIVES INTO PAMILY02 ADVANTAGE OF KNOWING HIM BEFORE03 LOVED04 ARRANGED DURING
277	How was this marriage ended ? Were you divorced or widowed ?		DIVORCED1 WIDOWED2
278		IF MARRIED MORE THAN ONCE PROCEED WITH HER PIRST HUSBAND IN Q. 265A. IF NOT SKIP TO Q. 301.	SKIP TO 301.

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning. There are various methods that a married couple can use to avoid pregnancy.

- circle code '1' in in Q. 301 for each method mentioned spontaneously.
- THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY AND ASK WHETHER SHE HAS HEARD THE METHOD. CIRCLE CODE '2' IF METHOD IS RECOGNIZED AND CODE '3' IF NOT RECOGNIZED.
- * THEN FOR EACH METHOD WITH CODE '1' OR '2' CIRCLED IN 301 OR 302, ASK 303.
- * AFTER ASKING ABOUT ALL METHODS PROCEED TO 304.

301	Which ways or methods have you heard ?	SPON- TANEOUS YES	302 Have you ever this method ? PROBED YES	heard NO	303 Have you ever used this method ?
01	PILL Woman can avoid a pregnancy by taking a pill every day.	1	2	3 .	YES1
02	IUD Women can have the so called spiral or IUD placed in them by a doctor or a nurse.	1	5	3	YES1 NO2
03	INJECTABLES Woman can have an injection by a doctor or a nurse which stops them from becoming pregnant for a certain period of time.	1	2	3	YES1 NO2
04	NORPLANT Woman can have small rods placed in their arm and this can prevent pregnancy for several years.	1	2	3	YES1
05	DIAPHRAGM, FOAM, JELLY Woman can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	YES1
06	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2	3	YES
07	TUBAL LIGATION Women can have an operation of tubal ligation to avoid having any more children.	1	2	3	Have you ever had such an operation to avoid having any more children ? YES
08	MALE STERILIZATION Men can have an operation called vasectomy so that their wives would not get pregnant.	1	2	3	Has (had) your husband ever have such an operation ? YES

301 Which ways or methods have you heard ?	SPON- TANEOUS YES	302 Have you ever heard this method ? PROBED YES NO	303 Have you ever used this method ?
RHYTHM Some couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	1	2 3	YES1 NO2
WITHDRAWAL Some men pull out during sexual intercourse before climax.	1	2 3	YES1 NO2
Have you heard of any other method that women or men can use to avoid pregnancy ?		SPECIFY) SPECIFY)	YES
304 CHECK 303: NOT A SINGLE "YES" (NEVER USED) Have you ever used anything or tridelay or avoid getting pregnant?	AT LEAST ONE "YES" (EVER USED) ed in any way t		308
306 ENTER "O" IN COLUMN 1 OF CAR	ENDAR IN EACH	BLANK MONTH.	>331
307 What have you used or done ? CORRECT 303 AND 304 (AND 302 IF NE	CCESSARY).		
Now I would like to ask you about to you did something or used a method pregnant. What was the first method you ever	to avoid getti	INJECTABLES NORPLANT DIAPHRAGM/FOAM, CONDOM TUBAL LIGATION MALE STERILIZA: RHYTHM WITHDRAWAL	

309	Did you have any children at that time ? IF YES: How many living children did you have at that time ? IF NONE, RECORD "OO".	NUMBER OF CHILDREN
310	CHECK 303: NOT HAD TUBAL LIGATION LIGATION	>31 ¹ 4A
311	CHECK 227: NOT PREGNANT OR UNSURE	→324B
312	CHECK 250: CURRENTLY NOT MARRIED MARRIED	
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES1 NO2→325
314	Which method are you using ?	PILL
314A	CIRCLE '07' FOR TUBAL LIGATION.	TUBAL LIGATION
318	Where did the tubal ligation operation take place ? (NAME OP PLACE)	PUBLIC SECTOR GOVERNMENT/SAMPLE HOSPITAL11 MATERNITY HOUSE
ı	•	DON'T KNOW98

319	Do you regret that you or your husband had the operation not to have any (more) children ?	YES
320	Why do you regret the operation ?	WOMAN WANTS ANOTHER CHILD01 PARTNER WANTS ANOTHER CHILD02 SIDE EFFECTS
321	In what month and year was this operation performed ?	MONTH
322	CHECK 321: HAD TUBAL LIGATION OPERATION BEFORE JANUARY 1993 ENTER CODE FOR TUBAL LIGATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1993. THEN SKIP TO 329A.	HAD TUBAL LIGATION OPERATION AFTER JANUARY 1993 ENTER CODE FOR TUBAL LIGATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION. THEN SKIP TO 324B.
323	How do you determine the times not to have sexual intercourse ?	BASED ON CALENDAR
324A	ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMEN SHE STARTED USING THIS METHOD. ENTER METHOD COLUMENTATIVE QUESTIONS: When did you start using this method continue that the continue how long have you been using this method continue.	DE IN EACH MONTH OF USE.
324B	CHECK COLUMN 3 OF CALENDAR: IN COLUMN 1 OF CALENDAR ENTER "N" FOR MONTHS W	OMAN NOT MARRIED.

324c	CHECK COLUMN 1 OF CALENDAR:	i	
Ī	 	ALL BOXES ARE	
	THERE ARE EMPTY BOXES	FILLED	
ł	T	1	▶326A I
325	I would like to ask you some questions about the times	you may have used a method	1
J-2	to avoid getting pregnant during the last few years.	you may nate assure a mostled	
	START WITH THE MOST RECENT USE. USE CALENDAR TO	PROBE FOR EARLIER PERIODS OF USE	
	AND NONUSE BACK TO JANUARY 1993. USE NAMES OF C	HILDREN, DATES OF BIRTH,	
	AND STARTING AND ENDING DATES OF PREGNANCIES AS	REFERENCE POINTS.	
	IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR	'0' FOR NONUSE.	
	ILLUSTRATIVE QUESTIONS FOR COLUMN 1:		
	*When was the last time you used a method ? Which		
	*When did you start using that method? How long	after the birth of (NAME) ?	
	"How long did you use the method then ?		
	IN COLUMN 2. ENTER CODES FOR DISCONTINUATION NEXT TO L	ACT MONTH OF HER TO BO MUTE	
	DETERMINE THE LAST MONTH OF METHOD USE. IN COLUMN 2 EN		
	ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY F	OLLOWED, ASK WHETHER SHE BECAME	
	PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DEL	IBERATELY STOPPED TO GET PREGNANT.	
Ì	ILLUSTRATIVE QUESTIONS FOR COLUMN 2:	•	
	*Why did you stop using the (METHOD) ?		
	*Did you become pregnant while using (METHOD), or	did you stop to get pregnant,	
	or did you stop for some other reason ?	·	
	IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:		
	"How many months did it take you to get pregnant	after you stopped using (METHOD) 2	
	AND ENTER 'O' IN EACH SUCH MONTH IN COLUMN 1.	areer you scopped doing (MDIROD)	
	1		
	NOTE: PAY PARTICULAR ATTENTION FOR LONG PERIODS OF NON	JSE. THERE MAY BE SOME PERIODS	
	OF METHOD USE OR A PREGNANCY DURING THESE PERIODS	3.	
	NOTE: AFTER COMPLETING THIS SECTION, ALL THE BOXES IN	COLUMN 1 OF CALENDAR MUST BE FILLED.	
		1	
326A	снеск 314:	NOT ASKED00	
3201	CHECK 314.	PILL	
	CIRCLE THE CODE OF CURRENTLY USED METHOD.	1UD02	
		INJECTABLES	
		NORPLANT04	
		DIAPHRAGM/FOAM/JELLY05	
		CONDOM06	
		TUBAL LIGATION07	: I
		MALE STERILIZATION08	L-329A
		RHYTHM09	
l i		WITHDRAWAL10	
		1	i

326B	Would you like to use a different method of family planning than the one you are currently using?	YES1 NO2—→327
326c	Which method would you prefer to use ?	PILL
326v	What is the reason that you do not use (METHOD MENTIONED IN 326c) ?	DOCTOR DOES NOT ADVISE
		(SPECIFY) DON'T KNOW98
3265	Why ?	TOO YOUNG
		OTHER96 (SPECIFY)

327	CHECK 314: CIRCLE CODE OF CURRENTLY USED METHOD.	NOT ASKED
328	Where did you obtain (METHOD) ?	PUBLIC SECTOR GOVERNMENT/SAMPLE HOSPITAL11 MATERNITY HOUSE12 MOTHER-CHILD HEALTH AND FAMILY
	(NAME OF PLACE)	PLANNING (MCHPP) CENTRE13 HEALTH CENTRE
		PRIVATE SECTOR PRIVATE HOSPITAL
		(SPECIFY) UNIVERSITY HOSPITAL31 COMMUNITY VOLUNTEERS/ ASSOCIATION/POUNDATION41
		MARKET/SHOP
329 329A	Do you know another place where you could have obtained (METHOD) ? At the time of tubal ligation operation, did you know another place where you could have the operation ?	YES1 NO2—→337

	what was the main reason you went to (NAME OF PLACE IN Q.328 OR Q.318) to obtain (METHOD) instead of some other place you know about ? RECORD RESPONSE AND CIRCLE CODE.	CLOSER TO HOME
331	CHECK 227: NOT PREGNANT CURRENTLY OR UNSURE PREGNANT	→332
331A	What is the main reason you are not using a method of contraception to avoid pregnancy ?	NOT MARRIED
	235	(SPECIFY). DON'T KNOW98

332	Do you know of a place where you can obtain a method of family planning ?	YES1 NO2—→337
333	Where is that ?	PUBLIC SECTOR GOVERNMENT/SAMPLE HOSPITALA MATERNITY HOUSEB MOTHER-CHILD HEALTH AND FAMILY PLANNING (MCHPP) CENTREC HEALTH CENTRED HEALTH HOUSEE SSK HOSPITAL/DISPENSARYF OTHER PUBLIC SECTOR G
	(NAME OF PLACE)	PRIVATE SECTOR PRIVATE HOSPITAL
337	Dou you think a woman's chance of becoming pregnant is influenced by breastfeeding ?	(SPECIPY) YES
338	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED. 1——401 DECREASED. 2 DEPENDS. 3 DON'T KNOW. 8
339	CHECK 208: ONE OR NO MORE BIRTHS BIRTHS	→601
340	Have you ever relied on breastfeeding as a method of avoiding pregnancy ?	YES

341	CHECK 227 AND 314:			
	NOT PREGNANT OR UNSURE AND HAD NO TUBAL LIGATION	EITHER PREGNANT OR HAD TUBAL LIGATION	······································	1 >401
342	Are you currently relying on by getting pregnant ?	reastfeeding to avoid	YES1 NO2	

SECTION 4A. PREGNANCY AND BREASTPEEDING

401	CHECK 225: ONE OR MORE LIVE BIRTHS SINCE JAN. 1993 1993	s	
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL ASK THE QUESTIONS ABOUT ALL OF THESE BIRTH (IF THERE ARE MORE THAN 2 BIRTHS USE ADDIT IN THE ADDITIONAL QUESTIONNAIRE). I would like to ask you some more question five years. We will talk about one child a	S. BEGIN WITH THE LAST BIRTH. IONAL QUESTIONNAIRES- DO NOT U	SE THE LAST BIRTH COLUMN
403	LINE NUMBER FROM Q212.	LAST BIRTH	NEXT TO LAST BIRTH
404	FROM Q212	NAME	NAME
	FROM Q216	ALIVE DEAD	ALIVE DEAD
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all ?	THEN	THEN
406	How much longer would you like to have waited ?	MONTHS	MONTHS
407A	When you were pregnant with (NAME) did you see anyone for antenatal care for this pregnacy ? IP YES: Whom did you see ? Anyone else ?	HEALTH PROFESSIONAL DOCTORA NURSE/MIDWIPEB OTHER PERSON TRAD. MIDWIPED	HEALTH PROFESSIONAL DOCTORA NURSE/MIDWIPEB OTHER PERSON TRAD. MIDWIPED
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	OTHERU (SPECIFY) NO ONEY 407C4	OTHERU (SPECIFY) NO ONE

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME	NAME
407В	Where did you go for antenatal care ?	PUBLIC SECTOR	PUBLIC SECTOR
4078	where did you go for antenatal care ?	GOVT./SAMPLE HOSPA MATERNITY HOUSEB MCHPP CENTERC HEALTH CENTERD HEALTH HOUSEE	GOVT./SAMPLE HOSPA MATERNITY HOUSEB MCHFP CENTERC HEALTH CENTERD HEALTH HOUSEE
	RECORD ALL MENTIONED.	SSK HOSP/DISPANSERYF OTHER PUBLIC SECTOR G	SSK HOSP/DISPANSERYP OTHER PUBLIC SECTOR G
	(NAME OF PLACE)	(SPECIPY)	(SPECIPY)
		PRIVATE PRIVATE HOSPH PRIVATE POLYCLINICI	PRIVATE PRIVATE HOSPH PRIVATE FOLYCLINICI
	(NAME OF PLACE)	PRIVATE DOCTORJ PRIVATE NURSE/MIDWIPE. K OTHER PRIVATE MEDICAL M (SPECIPY)	PRIVATE DOCTOR
		UNIVERSITY HOSPITALN OTHER U (SPECIFY)	UNIVERSITY HOSPITALN OTHER U (SPECIFY)
	·	SKIP TO 408.	SKIP TO 408.
407C	During your pregnacy with (NAME) why did not you receive antenatal care ? RECORD ALL MENTIONED.	NO NEED	NO NEED
407D		SKIP TO 409F.	SKIP TO 409P.

		LAST BIRTH	NEXT TO LAST BIRTH	
]	
		NAME	NAME	 i
		<u> </u>	<u> </u>	
	1	1		
408	How many months pregnant were you with	MONTH.	MONTH	
	(NAME) when you first received antenatal care ?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		don't know98	DON'T KNOW	. 98
		•		
409A	During your pregnancy with (NAME) when you	THERE WAS A PROBLEM01	THERE WAS A PROBLEM	. 01
4074	go for the first time for antenatal care	ORDINARY CONTROL02	ORDINARY CONTROL	
	did you go because there was a problem or		İ	
	was it an ordinary control ?	other96	OTHER	96
		(SPECIFY) DON'T KNOW98	(SPECIPY)	O.R
		DON 1 KNOW90	DON 1 KNOW	. 90
!		1	1	
409B	How many times did you receive antenatal			
	care during your preganacy with (NAME) ?	NO. OF TIMES	NO, OF TIMES	
	•	DON'T KNOW98	DON'T KNOW	.98
			<u> </u>	
hoon	To any of the second se	And No	Vino.	110
409D	In any of your antenatal checks, were you;	YES NO	YES	NO
	Weighted ?	WEIGHTED 2	WEIGHTED1	2
	Measured ?	MEASURED 2	MEASURED1	2
	Blood pressure measured ?	BLOOD PRESSURE1 2	BLOOD PRESSURE1	2
	Blood test ?	BLOOD TEST 2	BLOOD TEST1	2
	Urine test ?	URINE TEST 2	URINE TEST1	2
	Abdomen measured ?	ABDOMEN MEASURED1 2	ABDOMEN MEASURED1	2
	Listened to baby's heartbeat ?	LISTENED TO BABY1 2	LISTENED TO BABY1	2
- 1	Ultrasound ?	ULTRASOUND1 2	ULTRASOUND1	2
	Internal examination ?	INTERNAL EXAMINATION.1 2	INTERNAL EXAMINATION.1	2
1			1	
409E	Have you been given information about the			
	following subjects in any of your	YES NO	YES	NO
	antenatal checks ?			
	Diet ?	DIET 2	DIET1	5
	Danger signs of pregnancy ? Breastfeeding ?	DANGER SIGNS1 2 BREASTFEEDING1 2	DANGER SIGNS1 BREASTPEEDING1	2
	Family planning ?	FAMILY PLANNING1 2	FAMILY PLANNING1	2
	Delivery ?	DELIVERY 2	DELIVERY1	2
	Postnatal care ?	POSTNATAL CARE1 2	POSTNATAL CARE1	2
!			_	
400=	Harry was below a see a final first first	una	Vine	17 0
409F	Have you taken any of the following when you were pregnant with (NAME) ?	YES NO	YES	NO
	Iron tablets ?	IRON TABLETS 2	IRON TABLETS,1	2
	Vitamins ?	VITAMINS 2	VITAMINS1	2
	Follie acid ?	POLLIC ACID1 2	FOLLIC ACID1	2
,	Other medication ?	OTHER MEDICATION1 2	OTHER MEDICATION1	2

1		Last Birth	NEXT TO LAST BIRTH
		NAME	NAME
		1	
410	When you were pregnant with (NAME) were you give an injection in the arm	YE\$1	YES1
	to prevent the baby from getting tetanus,	NO2	NO2—
	that is, convulsions after birth ?	412 4———————————————————————————————————	412 4———————————————————————————————————
411A	During this pregnacy how many times did you get this injection ?	NO. OF TIMES	NO. OF TIMES
		DON'T KNOW8	DON'T KNOW8
. 1		1	1
411B	In which month of your pregnancy did you get the first tetanus injection?	MONTH	MONTH
		DON'T KNOW98	don't know98
. 1		1	
412	Where did you give birth to (NAME) ?	HOME WOMAN'S HOME01	HOME WOMAN'S HOME01
		OTHER HOME02	OTHER HOME02
		PUBLIC SECTOR	PUBLIC SECTOR
		GOVT. /SAMPLE HOSP11	GOVT. /SAMPLE HOSP11
		MATERNITY HOUSE12	MATERNITY HOUSE12
	(NAME OF PLACE)	MCHPP CENTER13	MCHFP CENTER13
		HEALTH CENTER14	HEALTH CENTER14
		HEALTH HOUSE15	HEALTH HOUSE15
		SSK HOSP/DISPANSERY16	SSK HOSP/DISPANSERY,16
,		OTHER PUBLIC SECTOR 19	OTHER PUBLIC SECTOR 19
		(SPECIFY)	(SPECIFY)
		PRIVATE SECTOR	PRIVATE SECTOR
		PRIVATE HOSPITAL21	PRIVATE HOSPITAL21
	,	PRIVATE POLYCLINIC22	PRIVATE POLYCLINIC22
		PRIVATE DOCTOR23	PRIVATE DOCTOR23
		PRIVATE NURSE/MIDWIPE.24	PRIVATE NURSE/MIDWIFE.24
		OTHER PRIVATE SECTOR	OTHER PRIVATE SECTOR
	·	(SPECIPY) 29	(SPECIFY) 29
		UNIVERSITY HOSPITAL31	UNIVERSITY HOSPITAL31
		other96	other 96
		(SPECIPY)	(SPECIFY)

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME	NAME
		<u></u>	
413	Who assisted with the delivery of (NAME)? Anyone clse ? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROPESSIONAL DOCTORA NURSE/MIDWIPEB OTHER PERSON TRADITIONAL MIDWIFED RELATIVE/FRIENDSE OTHERU (SPECIFY) NO ONEY	HEALTH PROPESSIONAL DOCTORA NURSE/MIDWIPEB OTHER PERSON TRADITIONAL MIDWIPED RELATIVE/PRIENDSE OTHERU (SPECIFY) NO ONEY
413a	How many months did your pregnancy to (NAME) last ?	MONTH	AY94 BEFORE ITS TIME95
4138	СНЕСК 412:	YES NO	YES NO
	BIRTH IN A HEALTH INSTITUTION ?	□-414 □	□ •414
413c	What was the main reason for not having done (NAME) birth in a health institution ?	NO REASON	NO REASON
414	Around the time of the birth of (NAME) did you have any of the following problems:	yes no	YES NO
	Regular labour lasting more than 12 hours?	LABOUR MORE THAN 12 HOURS1 2	LABOUR MORE THAN 12 HOURS1 2
	Excessive bleeding that you think was life threatening ?	EXCESSIVE 2	EXCESSIVE BLEEDING 2
	A high fever with bad smelling vaginal discharge ?	FEVER/BAD SMELLING VAG. DISCHARGE1 2	PEVER/BAD SMELLING VAG. DISCHARGE1 2
	Convulsions not caused by fever ?	CONVULSIONS 2	CONVULSIONS 2
- 1	Episiotomy ?	EPISIOTOMY 2	EPISIOTOMY1 2

	-	LAST BIRTH	NEXT TO LAST BIRTH
414A	CHECK 412: BIRTH IN A HEALTH INSTITUTION ?	YES NO	YES NO
415	Was (NAME) delivered by caesarean section?	YES	YES1 NO2 415B
415A	What was the reason for having a caesarean ?		
415B	Did you have any of the following complications within 40 days period after the birth of (NAME)? Excessive (vaginal) bleeding? Very high fever? Convulsions? Bad smelling (vaginal) discharge? Lower abdominal pain? Severe back pain? Painful urination? Giddiness? Severe headache? Swollen and painful breast?	YES NO EXCESSIVE BLEEDING1 2 VERY HIGH FEVER1 2 CONVULSIONS1 2 VAGINAL DISCHARGE1 2 LOWER ABDOMINAL PAIN1 2 SEVERE BACK PAIN1 2 PAINPUL URINATION1 2 GIDDINESS	YES NO EXCESSIVE BLEEDING
415C	CHECK 415B: EXPERIENCED ANY OF THE COMPLICATIONS ?	YES NO	YES NO
415D	Did you seek any treatment or advice from a health personnel on any of these complications ? IF YES: From whom ?	HEALTH PERSONNEL DOCTORA NURSE/MIDWIFEB OTHERU (SPECIPY) NO ADVICE/ NO TREATMENTY	HEALTH PERSONNEL DOCTORA NURSE/MIDWIPEB OTHERU (SPECIPY) NO ADVICE/ NO TREATMENTY

	- 1	LAST BIRTH	NEXT TO LAST BIRTH
	:	NAME	NAME
		•	
		[
415E	Do you have any of the following complications now ?		
	complications now .		
	Uterine prolapse ?	NO	
	IF YES: Did you get treatment for it ?	YES, GOT TREATMENT1 YES, NO TREATMENT2	
	·		
	Urinary incontinence ?	NO	
	IF YES: Did you get treatment for it ?	YES, GOT TREATMENT1 YES, NO TREATMENT2	
	ļ	150, NO INDAINGNI	
	Vaginal discharge ?	NO	
	IF YES: Did you get treatment for it?	YES, GOT TREATMENT1	
		YES, NO TREATMENT2	
	Urinary infection ?	NO0	
	IF YES: Did you get treatment for it ?	YES, GOT TREATMENT1	
		YES, NO TREATMENT2	
	Menstrual disorder ?	NO0	
	IF YES: Did you get treatment for it ?	YES, GOT TREATMENT1	
		YES, NO TREATMENT2	
			!
416	When (NAME) was born, was he/she	VERY LARGE1	VERY LARGE1
	very large, larger than average,	LARGER THAN AVERAGE2 AVERAGE	LARGER THAN AVERAGE2 AVERAGE3
	average, smaller than average or very small?	SMALLER THAN AVERAGE4	SMALLER THAN AVERAGE4
	·	VERY SMALL5	VERY SMALL5
		DON'T KNOW8	DON'T KNOW8
]	
417	Was (NAME) weighted at birth ?	YES1 NO	YES1
		419	420
		GRAMS	GRAMS
418	How much did (NAME) weigh ?		[
		PROM CARD1	FROM CARD1
	RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	1 	<u> </u>
	IF AVAILABLE.	FROM RECALL.2	PROM RECALL.2
		DON'T KNOW99998	DON'T KNOW99998
.			
419	Has your period returned since the birth of (NAME) ?	YES1	
	On (COMIND) 1	NO2	
		422	

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME	NAME
420	Did your period return between the birth of (NAME) and your next pregnancy ?		YES
421	For how many months after the birth of (NAME) did you not have a period?	MONTH	MONTH
422	CHECK 227: RESPONDENT CURRENTLY PREGNANT ?	PREGNANT OR UNSURE 424	
423	Have you resumed sexual relations since the birth of (NAME) ?	YES	
424	Por how many months after the birth of (NAME) did you not have sexual relations ?	MONTH	MONTH98
425	Did you ever breastfeed (NAME) ?	YES	YES
426	How long after birth did you first put (NAME) to the breast ? IF LESS THAN 1 HOUR, RECORD '00' HOURS . IF LESS THAN 24 HOURS, RECORD HOURS, OTHERWISE, RECORD DAYS.	IMMEDIATELY000 HOURS1 DAYS2	IMMEDIATELY000 HOURS1 DAYS2
427	CHECK 404: CHILD ALIVE ?	ALIVE DEAD T	ALIVE DEAD 1
428	Are you still breastfeeding ?	YES1———————————————————————————————	YES

	<u> </u>		
		LAST BIRTH	NEXT TO LAST BIRTH
	·	NAME	NAME
	and the second of the second o	S - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	
		1	[
429	For how many months did you breastfeed		l. ————————————————————————————————————
	(NAME) ?	MONTH	MONTH
		DON'T KNOW98	don't know98
		<u> </u>	
		J	<u> </u>
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK01 CHILD ILL/WEAK02	MOTHER ILL/WEAK01 CHILD ILL/WEAK02
		CHILD DIED03	CHILD DIED03
		NIPPLE/BREAST PROBLEM04 NOT ENOUGH MILK05	NIPPLE/BREAST PROBLEM04 NOT ENOUGH MILK05
		MOTHER WORKING06	MOTHER WORKING06
		CHILD REFUSED07	CHILD REFUSED07
		WEANING AGE/AGE TO STOP.08 BECAME PREGNANT09	WEANING AGE/AGE TO STOP.08 BECAME PREGNANT09
	· · · · ·	STARTED USING	STARTED USING
ï		CONTRACEPTION10 OTHER96	CONTRACEPTION10 OTHER96
		(SPECIFY)	(SPECIFY)
431	CHECK 404:	ALIVE CO DEAD CO	ALIVE CT DEAD CT
431		ALIVE DEAD	ALIVE TO DEAD
431	CHECK 404:	ų ų	Ų Ų
431		ALIVE DEAD 1434 GO BACK TO 405 IN NEXT COLUMN	ALIVE DEAD 1434 GO BACK TO 405 IN ADDIT. QUEST
431		434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE
431		434 GO BACK TO 405 IN NEXT COLUMN	434 GO BACK TO 405 IN ADDIT. QUEST
431		434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO
431		434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO
	CHIFD WILLS 5	434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440.	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440.
	CHILD ALIVE ? How many times did you breastfeed (NAME)	434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440.	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440.
	CHILD ALIVE ? How many times did you breastfeed (NAME) lastnight between sunset and sunrise ?	434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTTIME	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440.
432	CHILD ALIVE ? How many times did you breastfeed (NAME) lastnight between sunset and sunrise ? IF ANSWER IS NOT NUMERIC,	434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTTIME	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440.
	How many times did you breastfeed (NAME) lastnight between sunset and sunrise ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. How many times did you breastfeed (NAME)	434 GO BACK TO 405 IN NEXT COLUMN OR, IP NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTTIME PEEDINGS.	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NICHTTIME FEEDINGS
432	CHILD ALIVE ? How many times did you breastfeed (NAME) lastnight between sunset and sunrise ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTTIME	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440.
432	How many times did you breastfeed (NAME) lastnight between sunset and sunrise ? IP ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. How many times did you breastfeed (NAME) yesterday during the daylight hours ? IP ANSWER IS NOT NUMERIC,	434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTTIME FEEDINGS	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTTIME FEEDINGS
432	How many times did you breastfeed (NAME) lastnight between sunset and sunrise ? IP ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. How many times did you breastfeed (NAME) yesterday during the daylight hours ?	434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTIME FEEDINGS	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTIME FEEDINGS
432	How many times did you breastfeed (NAME) lastnight between sunset and sunrise ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. How many times did you breastfeed (NAME) yesterday during the daylight hours ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTIME PEEDINGS	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTIME FEEDINGS
432	How many times did you breastfeed (NAME) lastnight between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. Did (NAME) drink anything from a bottle	434 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTIME FEEDINGS	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTIME FEEDINGS
432	How many times did you breastfeed (NAME) lastnight between sunset and sunrise ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. How many times did you breastfeed (NAME) yesterday during the daylight hours ? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	A34 GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTIME PEEDINGS	434 GO BACK TO 405 IN ADDIT. QUEST OR, IF NO MORE BIRTHS GO TO 440. NUMBER OF NIGHTIME FEEDINGS

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME	NAME
435	At any time yesterday or last night, was (NAME) given any of the following ?	Y N DK	Y N DK
	Plain water ? Sugar water ? Juice ? Tea ? Baby formula ? Yoghurt ? Pudding ? Juice of cooked meal ? Turkish delight ? Bottled milk ? Fresh milk ? Other liquids ? Any other solid or semi solid foods ?	PLAIN WATER. 1 2 8 SUGAR WATER. 1 2 8 JUICE. 1 2 8 TEA. 1 2 8 BABY FORMULA 1 2 8 YOGHURT. 1 2 8 PUDDING. 1 2 8 JUICE OF COOKED ME. 1 2 8 TURKISH DELIGHT. 1 2 8 BOTTLED MILK. 1 2 8 FRESH MILK. 1 2 8 OTHER LIQUIDS. 1 2 8 SOLID/SEMI SOLID	PLAIN WATER. 1 2 8 SUGAR WATER. 1 2 8 JUICE. 1 2 8 TEA. 1 2 8 BABY FORMULA. 1 2 8 YOGHURT. 1 2 8 PUDDING. 1 2 8 JUICE OF COOKED ME. 1 2 8 TURKISH DELIGHT. 1 2 8 BOTTLED MILK. 1 2 8 FRESH MILK. 1 2 8 OTHER LIQUIDS. 1 2 8 SOLID/SEMI SOLID
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	GO BACK TO 405 IN ADDITIONAL QUESTIONAIRE; OR IF NO MORE BIRTHS, GO TO 440.

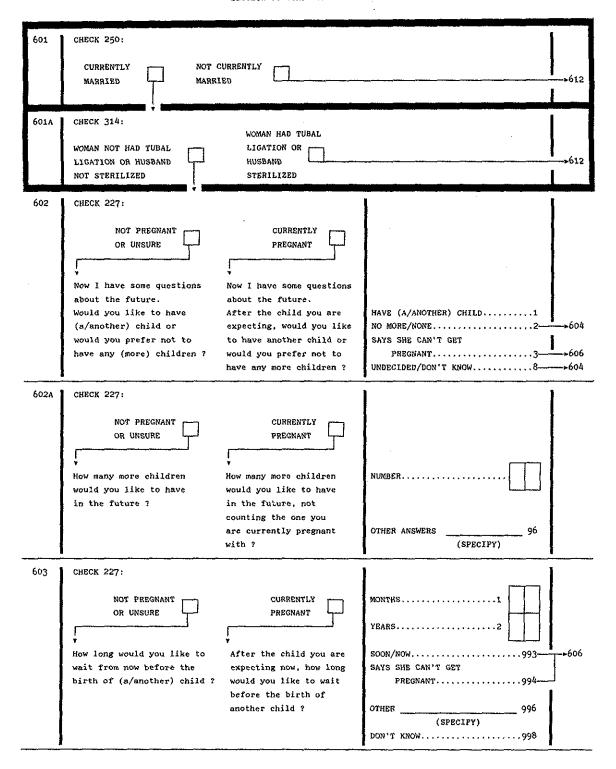
440	ENTER LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES- DO NOT USE THE LAST BIRTH COLUMN IN THE ADDITIONAL QUESTIONNAIRE		
441	LINE NUMBER FROM Q212.	LAST BIRTH NEXT TO LAST BIRTH LINE NO	
442	PROM Q212. PROM Q216.	NAME ALIVE DEAD (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601) NAME DEAD (GO TO 442 IN ADDI. QUEST. OR, IF NO MORE BIRTHS, GO TO 601)	
443	Do you have a card where (NAME'S) vaccinations are written down ? IF YES: May I see it please ?	YES, SEEN	
444	Did you ever have a vaccination card for (NAME) ?	YES	
445	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. PAY ATTENTION TO APPOINTMENT DAYS AND THE CONSISTENCY OF VACCINATION DATES. (2) WRITE '44' IN THE DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE 1S RECORDED.	DAY MO YEAR DAY MO YEAR	
	BCG	BCG BCG	
	Polio 1	P1. P1.	
	Polio 2	P2.	
	Polio 3	P3.	
į	DPT 1	D1.	
	DPT 2	D2.	
	ррт 3	D3.	
	MEASLES	MEA MEA	
Ì	Hepatitus B 1 Hepatitus B 2	H1. H1. H2.	
	Hepatitus B 3	нз.	

	1	LAST BIRTH	NEXT TO LAST BIRTH
		NAME	NAME
446	Has (NAME) received any vaccination that are not recorded on this card ? RECORD 'YES' IF ONLY RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3 MEASLES AND/OR HEPATITUS B 1-3.	YES	YES
447	Did (NAME) ever receive any vaccinations to prevent him/her from getting infectious diseases ?	YES	YES
448	Please tell me if (NAME) received any of the following vaccinations:		
448A	BCG: A vaccination agains tuberculosis, that is an injection in the left arm or shoulder that caused a scar?	YES	YES1 NO
4488	Polio vaccination: That is drops in the mouth ?	YES	YES
448c	How many times ?	NUMBER OF TIMES	NUMBER OF TIMES
448E	DPT vaccination: This vaccination includes diphtheria, whooping-cough and tetanus. And it s usually given at the same time as polio drops.	YES	YES
448F	How many times ?	NUMBER OF TIMES	NUMBER OF TIMES
448G	Measles vaccination ?	YES	YES
448н	How many times ?	NUMBER OF TIMES	NUMBER OF TIMES
4481	Hepatitus B vaccination ?	YES	YES
448j	How many times ?	NUMBER OF TIMES	NUMBER OF TIMES

		LAST BIRTH	NEXT TO LAST BIRTH
454	Has (NAME) had diarrhea in the last 15 days?	YES	YES
455	Was there any blood in the stools ?	YES	YES
456	On the worst day of diarrhea, how many bowel movements did (NAME) have ?	NUMBER OF BOWEL MOVEMENTS	NUMBER OF BOWEL MOVEMENTS
457	Was (NAME) given the same amount to drink as before the diarrhea, or more or less?	SAME	SAME
458	Was (NAME) given the same amount of food to eat as before the diarrhea, or more or less ?	SAME	SAME
459	When (NAME) had diarrhea was he/she given any of the following to drink? A fluid made from a special packet called ORS? Home made sugar-salt-water solution? Milk or infant formula? Soup? Ayran (yoghurt based drink)? Water? Tea? Rice-pudding? Other liquid?	Y N DK ORS PKT	Y N DK ORS PKT
460	Was anything (else) given to treat the diarrhea ?	YES	YES

		LAST BIRTH	NEXT TO LAST BIRTH
,		NAME	NAME
		•	•
461	What was given to treat the diarrhea?	PILL OR SYRUPA	PILL OR SYRUPA
		INJECTIONB	INJECTIONB
	Anything else ?	(I.V) INTRAVENOUSC	(I.V) INTRAVENOUSC
		HOME REMEDIES/	HOME REMEDIES/
	RECORD ALL MENTIONED,	HERBAL MEDICINESD	HERBAL MEDICINESD
	•	OTHERU	OTHERU
	·	(SPECIPY)	(SPECIFY)
462	Did you seek advice or treatment for	YES1	YES1
	the diarrhea ?	NO2	NO2
		464	464
		I ·	
463	Where did you seek advice or treatment ?	PUBLIC SECTOR	Public Sector
	, , , , , , , , , , , , , , , , , , ,	GOVT./SAMPLE HOSPA	GOVT./SAMPLE HOSPA
	Anywhere else ?	MATERNITY HOUSEB	MATERNITY HOUSEB
		MCHPP CENTERC	MCHFP CENTER
	RECORD ALL MENTIONED.	HEALTH CENTERD	HEALTH CENTERD
		HEALTH HOUSEE	HEALTH HOUSEE
		SSK HOSP/DISPANSERYP	SSK HOSP/DISPANSERYF
	· · · · · · · · · · · · · · · · · · ·	OTHER PUBLIC SECTOR	OTHER PUBLIC SECTOR
	(NAME OF PLACE)	G	G
		(SPECIFY)	(SPECIFY)
		PRIVATE SECTOR	PRIVATE SECTOR
		PRIVATE HOSP	PRIVATE HOSP
	(NAME OF PLACE)	PRIVATE CLINIC,I	PRIVATE CLINICI
		PRIVATE DOCTORJ	PRIVATE DOCTORJ
		PRIVATE NURSE/MIDWIFEK	PRIVATE NURSE/MIDWIFEK
- 1		PHARMACYL	PHARMACYL
ĺ		OTHER PRIVATE SECTOR	OTHER PRIVATE SECTOR
	•	М	М
- 1		(SPECIPY)	(SPECIFY)
		UNIVERSITY HOSPITALN	UNIVERSITY HOSPITALN
ı		COMM, VOLUNTEERS/ASSOC./	COMM. VOLUNTEERS/ASSOC./
		POUNDATIONSO	FOUNDATIONSO
ľ		RELATIVE/FRIENDS/NEIGHBR	RELATIVE/PRIENDS/NEIGHBR
ļ			
I		OTKERU	OTHERU
i		(Specify)	(SPECIFY)
Ì			
161:			
464		GO BACK TO 442 IN NEXT	GO BACK TO 442 IN ADDITIONAL
1		COLUMN; OR, IF NO MORE BIRTHS GO TO 601.	QUESTIONNAIRE; OR, IF NO MORE
		pining GO IO OUI.	BIRTHS GO TO 601.

SECTION 6. PERTILITY PREFERENCES



604	CHECK 227: NOT PREGNANT CURRENTLY OR UNSURE PREGNANT		
605	If you become pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much ?	HAPPY	
606	CHECK 313: USING A METHOD ? NOT CURRENTLY NOT ASKED CURRENTLY USING USING Do you think you will use a method to delay or	YES1—	⊧612
608	avoid pregnancy within the next 12 months ? Do you think you will use a method to delay or avoid pregnancy at any time in the future ?	PES	
609	Which method would you prefer to use ?	PILL	 -612

610	What is the main reason that you think you will never use a method ?	PERTILITY-RELATED REASONS INPREQUENT SEX
-		OPPOSITION TO USE WOMAN OPPOSED
		LACK OF KNOWLEDGE KNOWS NO METHOD41 KNOWS NO SOURCE42
		METHOD-RELATED REASONS HEALTH CONCERNS
		NORMAL PROCESSES
612	CHECK 216:	<u> </u>
	HAS LIVING CHILDREN If you could go back to If you could choose the time you did not have exactly the number of any children and could children to have in your whole life, how many of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER
613	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	OTHER
		OTHER96 (SPECIPY) EITHER
	· ·	NUMBER

614	Do you approve of couples using a method to avoid getting pregnant ?	APPROVE
615	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio ? On the television ? In newspapers/magazines ?	NOT DO ACCEPT- ACCEPT- NOT ABLE ABLE KNOW RADIO1 2 8 TELEVISION1 2 8 NEWSP./MAGZ1 2 8
	In secondary schools ? In high schools ?	SECONDARY1 2 8 HIGH
616	In the last few months have you heard about family planning:	YES NO
	On the radio ? On the television ? In newspaper or magazine? Prom a poster ? Prom brochures or leaflets ? Prom billboards or cloth posters ? Any other place ?	RADIO
618	In the last few months have you discussed the practice of family planning with friends, neighbours, or relatives ?	YES
619	With whom ? Anyone else ? RECORD ALL MENTIONED.	HUSBAND/FARTNER
620	CHECK 250: CURRENTLY MARRIED MARRIED	701
621	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning.	
	Do you think that your husband/partner approves of couples using a method to avoid pregnancy ?	APPROVES

622в	CHECK 313 AND 314: USING A METHOD ?	
	CURRENTLY USING CURRENTLY NO. A METHOD/NOT	
622C	Before you started to use (METHOD), did you or your husband/partner talk about which method you are going to use ?	YES
622D	After you started to use (MBTHOD) did you and your husband/partner talk about the method ?	YES
622E	CHECK 314: CIRCLE METHOD CODE:	PILL
622F	Did your husband/partner support you about the use of (METHOD) ?	SUPPORTED
623	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want ?	SAME NUMBER
628A	Do you think that the use of family planning is against religion ?	YES

628B	Which method(s) do you think (are) is against religion ? Any other ? RECORD ALL MENTIONED.	PILL
	ii	OTHER METHODU (SPECIFY) INDUCED ABORTIONM
628c	Does your husband have any objections to any family planning method or to family planning in general on religious grounds ?	YES
630	Did you ever reinforce or try to persuade any of your friends or relatives for the use of family planning methods ?	YES1 NO2

SECTION 7A. HUSBAND'S BACKGROUND

701	CHECK 205:	
<u>L</u>	MARRIED NOT MARRIED	
702	How old is your husband ?	AGE
703	Did your (last) husband ever attend school ?	YES1 NO2——>706A
704	What was the highest level of school he attended ?	PRIMARY
705	What was the highest grade he completed at that level ?	GRADE
705A	Did he graduate from that school ?	YES
706A	What is/was your (last) husband's occupation ? That is, what kind of work does/did he mainly do ?	
706B	Did/does he pay social security when doing this job ?	NO
		OTHER 7 (SPECIPY) DON'T KNOW8

706c	CHECK 706A, CIRCLE THE APPROPRIATE WORK CODE	AGRICULTURE
706D	CHECK 706A, CIRCLE THE APPROPRIATE CODE FOR THE POSITION AT WORK	EMPLOYER EMPLOYING TEN OR MORE THAN TEN PERSONS
706B	CHECK 706A :	Ì i
		THER ORK CODES →706G
706F	Whom the land that your (last) husband works/worked on belongs/belonged to ?	HIS LAND

706G	Is/was your (last) husband covered by health insurance ? Does/did he have health insurance ? IP YES: According to which schedule ?	NO
708a	What is/was your (last) husband's mother tongue ? RECORD ONLY ONE RESPONSE.	TURKISH
708в	In addition to his mother tongue, which language(s) does/did your (last) husband speak ? RECORD ALL MENTIONED.	TURKISH

708c	What is (was) the mother tongues of your (last) husband's mother and father ? • USE THE CODES IN 708A.	HUSBAND'S MOTHER		
708b	What is/was your (last) husband's religion ? IF THE RESPONSE IS "MUSLIM" THEN PROBE FOR SECT. CODE ACCORDING TO THE GIVEN RESPONSE.	MUSLIM SUNNI		
		CHRISTIAN		
708E	Have you lived in only one or in more than one settlements since January 1993 ?	ONE SETTLEMENT		
708F	 ENTER (IN COLUMN 4 OF CALENDAR) THE APPROPRIATE CODE FOR SETTLEMENT ('1' PROVINCE CENTER, '2' DISTRICT CENTER, '3' SUB-DISTRICT/VILLAGE, '4' ABROAD). ENTER (IN COLUMN 5 OF THE CALENDAR) THE PROVINCE CODE FOR THE SETTLEMENT. BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1993 BY FILLING COLUMNS 4 AND 5. THEN SKIP TO 709. 			
708 G	In what month and year did you move to (NAME OF THE SETTION ENTER (IN COLUMNS 4 AND 5 OF THE CALENDAR) "X" IN THE MOVE. POR COLUMN 4: POR THE FOLLOWING MONTHS ENTER THE APPROPRIATE CO. ('1' PROVINCE CENTER, '2' DISTRICT CENTER, '3' SU. FOR THE FOLLOWING MONTHS ENTER THE PROVINCE CODE CURRENTLY LOCATED. CONTINUE PROBING FOR PREVIOUS SETTLEMENTS AND RECORD MOVE SETTLEMENTS AND PROVINCE CODES ACCORDINGLY. RECORD ALSO THE MOVES BETWEEN THE SAME TYPE OF SETTLEMENT OF SETTLEMENTS IN THE SAME PROVINCE. ILLUSTRATIVE QUESTIONS: > Where did you live before? > In what month and year did you arrive here? > Is that place a province center, a district center.	THE MONTH AND YEAR OF DDE FOR SETTLEMENT. DB-DISTRICT/VILLAGE, '4' ABROAD). THAT THE SETTLEMENT IS SS, TYPES OF TS OR BETWEEN THE TYPES		

SECTION 7B. WOMAN'S WORK AND STATUS

709	Now I would like to ask you questions about working.	
	Aside from your own housework, are you currently working?	YES
710	As you know, some women sell small things, sell goods at the market place, work on the family farm or business, look after children, work as cleaning ladies etc. Are you doing any of these at the moment, or any other work of similar nature?	YES712 NO2
711	Have you worked in any job in the last 12 months ?	YES
712	What type of work are/were you doing ? What kind of job are/were you in ?	
7124	Do/did you pay social security when doing this job ? IF YES: According to which schedule ?	NO
	The second secon	BAĞ-KUR

712B	CHECK 712, CIRCLE THE APPROPRIATE WORK CODE.	AGRICULTURE01
		ANIMAL HUSBANDRY02
		AGRICULTURE AND A.HUSBANDRY03
		PORESTRY04
		FISHERY05
	,	MINING
	•	MANUFACTURE INDUSTRY (FOOD)07
		MANUFACTURE INDUSTRY (TEXTILE).08
	i .	MANUFACTURE INDUSTRY (METAL)09
		MANUFACTURE INDUSTRY (OTHER)10
		ELECTRICITY/GAS/WATER11
		CONSTRUCTION12
	Į	WHOLESALE/RETAIL TRADE13 HOTEL AND RESTAURANT14
i		
		COMMUNICATION/TRANSPORTATION15
		HEALTH16
ŀ		EDUCATION/CULTURE17
		PUBLIC ADMINISTRATION18
		TOURISM19
		BANKING/INSURANCE20
	,	OTHER SOCIAL SERVICES21
		PERSONAL SERVICES22
		1
	·	OTHER96
		(SPECIPY)
712c	CHECK 712 , CIRCLE THE APPROPRIATE CODE FOR THE POSITION	EMPLOYER EMPLOYING TEN OR
,120	AT WORK	MORE THAN TEN PERSONS01
	AT HOME	MORE THAN TEN PERSONS,
		CMALL PROLOVED PROLOVING
		SMALL EMPLOYER EMPLOYING
		LESS THAN TEN PERSONS02
		LESS THAN TEN PERSONS02 SALARIED (GOVERNMENT OFFICIAL).03
		LESS THAN TEN PERSONS02 SALABLED (GOVERNMENT OPPICIAL).03 WAGED (PUBLIC SECTOR)04
		LESS THAN TEN PERSONS02 SALARIED (GOVERNMENT OPPICIAL).03 WAGED (PUBLIC SECTOR)04 WAGED (PRIVATE SECTOR)05
		LESS THAN TEN PERSONS02 SALARIED (GOVERNMENT OFFICIAL).03 WAGED (PUBLIC SECTOR)04 WAGED (PRIVATE SECTOR)05 FOR HIS OWN06
		LESS THAN TEN PERSONS02 SALARIED (GOVERNMENT OPPICIAL).03 WAGED (PUBLIC SECTOR)04 WAGED (PRIVATE SECTOR)05
		LESS THAN TEN PERSONS
		LESS THAN TEN PERSONS
		LESS THAN TEN PERSONS
713	СНВСК 712 :	LESS THAN TEN PERSONS
713	СНЕСК 712 :	LESS THAN TEN PERSONS
713	AGRICULTURE (01) OR O	LESS THAN TEN PERSONS
713	AGRICULTURE (01) OR C	LESS THAN TEN PERSONS02 SALARIED (GOVERNMENT OPPICIAL).03 WAGED (PUBLIC SECTOR)04 WAGED (PRIVATE SECTOR)05 POR HIS OWN
713	AGRICULTURE (01) OR O	LESS THAN TEN PERSONS
713	AGRICULTURE (01) OR O	LESS THAN TEN PERSONS
713	AGRICULTURE (01) OR O	LESS THAN TEN PERSONS
713	AGRICULTURE (01) OR O	LESS THAN TEN PERSONS
·	AGRICULTURE (01) OR COMMINAL HUSBANDRY (03) W	LESS THAN TEN PERSONS
713	AGRICULTURE (01) OR O	LESS THAN TEN PERSONS
·	AGRICULTURE (01) OR COMMINAL HUSBANDRY (03) W	LESS THAN TEN PERSONS
·	AGRICULTURE (01) OR COMMINAL HUSBANDRY (03) W	LESS THAN TEN PERSONS
·	AGRICULTURE (01) OR COMMINAL HUSBANDRY (03) W	LESS THAN TEN PERSONS
·	AGRICULTURE (01) OR COMMINAL HUSBANDRY (03) W	LESS THAN TEN PERSONS
·	AGRICULTURE (01) OR COMMINAL HUSBANDRY (03) W	LESS THAN TEN PERSONS
·	AGRICULTURE (01) OR COMMINAL HUSBANDRY (03) W	LESS THAN TEN PERSONS

716	Do you usually work throughout the year, or do you work seasonally, or only once in a while ?	THROUGHOUT THE YEAR
717	During the last 12 months, how many months did you work ?	NUMBER OF MONTHS
718	How many days a week do (did) you usually work (in the months that you worked) ?	NUMBER OF DAYS720
719	During the last 12 months, approximately, how many days did you work ?	NUMBER OF DAYS
720	Do/did you earn cash for your work ? PROBE: Do/did you make money for your work ?	YES1 NO2—→723
721A	How much do/did you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR
7218	CIRCLE THE APPROPRIATE CODE FOR THE GIVEN AMOUNT IN 721A .	MILLION1 THOUSAND2
721 C	(In the times that you work) Generally what amount of the family expenses is met by your earnings? The whole, more than the half, the half, less than the half, or does your earning have no contribution to the family expenses?	THE WHOLE

722	СНЕСК 250 :		l
	CURRENTLY MARRIED CURRENTLY NOT MARRIED		
	Who mainly decides how Who mainly decides how the	HERSELF DECIDES	
	the money you earn will be money you earn will be used: you, your husband, used: you, someone else,	JOINTLY WITH HUSBAND3	i
÷	you and your husband or you and someone else	SOMEONE ELSE DECIDES4	
	jointly, or someone else ? jointly ?	JOINTLY WITH SOMEONE ELSE5	
723	Do you usually work at home or away from home ?	HOME1 AWAY2	
724	CHECK 217 AND 218: IS A CHILD LIVING WITH HER WHOSE AGE IS	5 5 OR LESS ?	
	YES NO NO		
	▼ I	7	ا
725	Who usually takes care of	WOMAN01	
	(NAME OF THE YOUNGEST CHILD AT HOME)	HUSBAND02	l
	while you are working ?	OLDER FEMALE CHILD03 OLDER MALE CHILD04	
		OTHER RELATIVES05	
		NEIGHBOURS,	
		PRIENDS07	1
	3	SERVANTS/HIRED HELP08 INSTITUTIONAL CHILDCARE10	
		HAS NOT WORKED	
		SINCE LAST BIRTH95	
	·	OTHER 96	
		(SPECIFY)	
740	CURRENTLY NOT WORKING CURRENT	TV (IOPYTHE (200-1 OP 210-1)	
740	(709=2 AND 710=2) OR	PLY WORKING (709=1 OR 710=1)	
	WORKED	DURING THE LAST 12 MONTHS (711=1)	
	l T	<u> </u>	>742
741	Very hald block assessed to see a set assessed as	HOLIDAY/ON VACATION01	1
/41	You told that currently you are not working. What is the main reason that you are not working?	LOOKS AFTER CHILD(REN)02	
		HOUSEWORK	
		SICK/HANDICAPPED04	ł
		CAN'T FIND/LOOKING FOR JOB05	
		HUSBAND/ELDERS DON'T WANT06 NO NEED FOR WORKING07	
		DOES NOT WANT WORKING ANYMORE08	ĺ
	,	NO TALENT/EDUCATION09	
		DISCHARGED10	
		отнея 96	ł
		(SPECIFY)	1

741B	******	WORKED DURING THE LAST ONTHS 746
742	How long have/had you been working in your current/last job ?	YEAR
746	Have you ever worked before you got married ?	YES1 NO2 → 757
747	What was the last job you worked before you got married ? What type of work were you doing ?	
748	Did you pay social security when doing this job ?	NO0 SSK
	IF YES: According to which schedule ?	EMEKLİ SANDIĞI
749	CHECK 747, CIRCLE THE APPROPRIATE WORK CODE	AGRICULTURE

1		2
750	CHECK 747, CIRCLE THE APPROPRIATE CODE FOR THE POSITION AT WORK	EMPLOYER EMPLOYING TEN OR MORE THAN TEN PERSONS
751	Were you working at the time you got married ?	YES
752	After you got married, did you go on working in the same job, or start to work in another job, or did you stop working?	YES, THE SAME JOB
753	What was the main reason that you stop working ?	GOT PREGNANT/CHILD CARE
757	What is the main source of income providing your and your family's subsistence?	HUSBAND'S EARNINGS

	1	i			1
758	Are you covered by any health insurance ?	ΝΟ		0	
		SSK		1	1
	IF YES : According to which schedule ?		DIĞI		1
		BAĞ-KUR		3	
		PRIVATE IN	SURANCE	4	1
		GREEN CARD		5	1
					1
		OTHER		7	1
		Í	(SPECIFY)		1
		DON'T KNOW	• • • • • • • • • • • • • • • • • • • •	8	1
					-
766	Woman can sometimes make things that may annoy or				1
	make angry her husband. Now I will talk about some	ļ	YES	NO DK	
	situations. Can you please tell me if the husband can have the right for beating his wife in those situations?	1	IES	MO DV	1
	have the right for beating his wife in those steaderons;	1			1
	If she burns the food ?	BURN FOOD.	1	2 8	1
	If she neglects the care of children ?		ILD CARE1	2 8	
	If she argues with her husband?	1	HUSBAND1	2 8	
	If she talks with other men ?	1	MEN1	2 8	1
	If she spends the money needlessly ?		LESSLY1	2 8	1
	If she refuses to have sexual intercourse ?	REPUSE INT	ERCOURSE1	2 8	
262	I No. 7 -/11 mad on a decomposition of the contract of the con		···		•
767	Now I will read you a few sentences. I would like to learn what you think about the ideas in these				1
	sentences. Do you agree or disagree with the following:			HAS	
	sentences, so you agree of disagree with the following.	AGREES	DISAGREES	NO IDEA	
	The important decisions in the family should be	1	2	8	1
	made by the male members of the family.	}			ŀ
		l			
	Men are usually wiser than women.	1	2	8	
					ı
	A woman should not argue with her husband even	1	2	8	İ
	if she does not share the same views with him.	Ī			
					į
	It is always better for the male child to have	1	2	8	1
İ	education than the female child.	Ī			

801A	Now I would like to talk you about sexually transmitted diseasea.	
	Have you ever heard of sexually transmitted diseases ?	YES1 NO2——>801L
801B	Which diseases have you heard ?	SYPHILISA BEL SOĞUKLUĞUB AIDS
·	RECORD ALL MENTIONED.	OTHERU (SPECIFY)
		OTHERV (SPECIFY) DOESN'T KNOW THE NAMESX
801K	CHECK 801B : NOT MENTIONED AIDS	MENTIONED AIDS 802A
801L	Have you ever heard of an illness called AIDS ?	YES1 NO
802A	Prom which sources of information have you learned most about AIDS ?	RADIO
	Any other sources ?	PAMPHLETS/POSTERSD REALTH WORKERSE MOSQUESF SCHOOLS/TEACHERSG
	RECORD ALL MENTIONED.	PRIENDS/RELATIVES
		OTHERU (SPECIFY)
802в	Through what ways a person is transmitted AIDS ?	SEXUAL RELATIONA SEXUAL RELATION WITH MORE THAN ONE PARTNERB SEXUAL RELATION
	Any other ways ?	WITH A PROSTITUTEC NOT USING CONDOMD HOMOSEXUAL RELATIONE
	RECORD ALL MENTIONED.	BLOOD TRANSPUSIONF INJECTION
		OTHERU
		OTHER V (SPECIFY) DON'T KNOWX

	•	1
803	Is there anything a person can do to avoid	YES1
	getting AIDS or the virus that causes AIDS ?	NO2
	•	DON'T KNOW8—807
		1
		. 1
804	What can a person do ?	SAPE SEXA
		ABSTAIN FROM SEXB
		USE CONDOMS
		HAVE ONLY ONE SEX PARTNERD
		AVOID SEX WITH PROSTITUTESE
	Any other ways ?	AVOID SEX WITH HOMOSEXUALSF
		AVOID BLOOD TRANSPUSIONSG
	·	AVOID INJECTIONSH
	RECORD ALL MENTIONED.	AVOID KISSINGI
	, , , , , , , , , , , , , , , , , , ,	AVOID MOSQUITO BITESJ
		SEEK PROTECTION FROM
		TRADITIONAL HEALERK
		OTHER 11
		OTHERU
		(SPECIFY)
		OTHERV
		DON'T KNOWX
		DON'T ANOMIC,
807	Is it possible for a healthy-looking person	YES1
001	to have the AIDS virus ?	NO2
	to light the MIND ATTER !	DON'T KNOW8
		DON'T MILOW
808A	Do you think that persons with AIDS almost never	ALMOST NEVER1
	die from the disease, sometimes die, or	SOMETIMES2
	almost always die from the disease ?	ALMOST ALWAYS3
,		DON'T KNOW8
		<u> </u>
		1
808в	Is there a medical teratment for AIDS ?	YES1
		NO2
		DON'T KNOW8
		<u> </u>
808c	Is AIDS transmitted from mother to child ?	YES1
		NO2
		DON'T KNOW8
L		1

812	RECORD THE TIME.	HOUR
813	PRESENCE OF OTHERS DURING THE INTERVIEW : CIRCLE ALL APPROPRIATE ALTERNATIVES.	NO ONE
814	WAS THE INTERVIEW INTERRUPTED ? IF YES, FOR HOW MANY MINUTES APPROXIMATELY ?	NO
815	WHAT IS THE RELIABILITY OF THE RESPONSES, IN YOUR OPINION ?	POOR
816	WHAT LANGUAGE WAS USED DURING THE INTERVIEW ?	TURKISH
817	WAS AN INTERPRETER USED DURING THE INTERVIEW ?	YES1 No2

921 write the name of women in 923. Record her height and weight in 926 and 928.

- IN COLUMNS 2 AND 3, RECORD THE CHILDREN BORN SINCE JANUARY 1993 AND STILL ALIVE. IN 922, RECORD THE LINE NUMBERS OF THE CHILDREN IN THE BIRTH HISTORY, IN 923, RECORD THEIR NAMES AND IN 924, RECORD THEIR DATES OF BIRTH.

 IF THERE ARE MORE THAN 2 CHILDREN THEN USE AN ADDITIONAL QUESTIONNAIRE.
- ASK WHETHER THE CHILDREN HAVE IDENTITY CERTIFICATES AND SAY YOU WOULD LIKE TO SEE THEM. (924b)
 RECORD THE DATES OF BIRTH IN THE IDENTITY CERTIFICATES (924c), COMPARE IT WITH THE INFORMATION
 IN 215 AND DETERMINE THE ONE THAT IS TRUE. (924D AND 924e). WHATEVER THE RESULT OF THE
 COMPARISON DO NOT MAKE ANY CORRECTIONS ON THE QUESTIONNAIRE PAPER ANYWAY.
- MEASURE THE HEIGHT AND WEIGHT OF THE LIVING CHILDREN BORN SINCE JANUARY 1993 AND RECORD THE FINDINGS IN THE RELATED QUESTIONS. WHILE DOING THE MEASUREMENTS, CHECK FOR BCG SCAR (TUBERCULOSIS INJECTION SCAR) ON TOP OF LEFT SHOULDER AND RECORD IT TO 925.

		1 WOMAN	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD
922	LINE NO FROM Q.212		LINE NO	LINE NO
923	Name	(NAME)	(NAME)	(NAME)
	FROM Q.212 FOR CHILDREN			
924A	DATE OF BIRTH		DAY	DAY
	CHECK FROM Q.215		MONTH,	MONTH
	AND ASK FOR DAY OF BIRTH.		YEAR., 1 9	YEAR 1 9
924B	ASK IF THE CHILD HAVE IDENTITY CERTIFICATE.		YES, SEEN1 YES, NOT SEEN2—	YES, SEEN1 YES, NOT SEEN2—
	IF YES, THEN SAY YOU'D LIKE TO SEE IT.		925<	925<
924c	RECORD THE DATE OF BIRTH IN THE IDENTITY CERTIFICATE.		MONTH.	DAY
			YEAR 1 9	YEAR 1 9
924D	CHECK Q.215 AND COMPARE IT WITH THE DATE OF BIRTH IN Q.924C.		SAME1 9254— DIFFERENT2	SAME1 9254 DIFFERENT2
924E	DETERMINE THE TRUE INFORMATION FOR DATE OF BIRTH. DO NOT MAKE ANY CORRECTION.		ANSWER IN Q.2151 ID. CERTIPICATE2	

		1 WOMAN	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD
925	BCG (TUBERCULOSIS INJECTION) SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN1 NO SCAR2	
926	HEIGHT (in centimetres)			
927	WAS HEIGHT/LENGTH OF THE CHILD MEASURED LYING DOWN OR STANDING UP ?		LYING1 STANDING2	LYING1 STANDING2
928	WEIGHT (in kilograms)		0 .	0
929	Date Weighted And Measured	MONTH YEAR. 1 9	DAY	MONTH YEAR 1 9
930	RESULT	MEASURED	CHILD MEASURED1 CHILD SICK2 CHILD NOT PRESENT3 CHILD REFUSED4 MOTHER REFUSED5	CHILD MEASURED1 CHILD SICK2 CHILD NOT PRESENT3 CHILD REFUSED4 MOTHER REFUSED5
931	NAME OF MEASURER	(SPECIFY)	(SPECIFY)	(SPECIPY)

INTERVIEWER'S OBSERVATIONS (To be filled after completing interview)

·
COMMENTS ABOUT WOMAN
·
COMMENTS ON SPECIFIC QUESTIONS
ANY OTHER COMMENTS .
SUPERVISOR'S OBSERVATIONS
NAME OF THE SUPERVISOR: DATE:
EDITOR'S OBSERVATIONS
NAME OF THE EDITOR: DATE:

CALENDAR

	C-F-1	1	11	ur.					
					1 2	3 4	5a 5b		-
INSTRUCT	ions:		12	DEC	011 1			iõi	DEC
	CODE SHOULD APPEAR IN ANY BOX.				44	{ 	+	1	
				NOV	0211	1 441		02	иол
FOR COLU	ONS 1, 3, 4, AND 5a-5b, ALL MONTHS		10	oct	03) }	1))		03	ocr
SHOULD B	FILLED IN.		09	SEP	041 1	1	1+	04	SEP
		1		AUG	05] ++]	†+	05	AUG 1
		_			++	 	ļ		
		9		JUL	0611	\	1+	06	JUL 9
COLUMN 1	•	9	06	JUN	07	1111	1	07	JUN 9
BIRTHS	AND PREGNANCIES	8	05	MAY	081		1	08	MAY 8
	BIRTHS	-			+	}	+	1	
				APR	0911] ++	++		APR
H	PREGNANCIES		03	MAR	10]	11	1	10	MAR
K	INDUCED ABORTION		02	FEB	11)	1 1	1	11	FEB
F	SPONTANEOUS ABORTION		Δ1	JAN	121 1	(44	12	JAN
			٠.	474		+ +;+	. +	-~	O.M.
J	STILL BIRTH								
			12	DEC	13		1 .	13	DEC
CONTRA	DEPTIVE USE		11	NOV	14) }}	**	14	NOV
	NO METHOD				_++	++	++	l	
				oct	15		ļ+	15	OCT
1	PILL		09	SEP	16]		1	16	SEP
2	IUD	1	08	AUG	17	 	1	17	AUG 1
3	INJECTABLE	9		JUL	18	 	\$	18	JUL 9
_		-	_		++				
4	NORPLANT	9	06	JUN	19]	3 II/	1	19	JUN 9
5	DIAPHRAGM/FOAM/JELLY	7	05	MAY	20	l I'' I'' l	i ,	20	MAY 7
6	CONDOM		0.4	APR	211 1	++		21	
			-		++	(-	+		
,	TUBAL LIGATION		0.3	MAR	221	l 11_l	14	22	MAR
8	MALE STERILIZATION		02	FEB	23	1111		23	FEB
9	RHYTHM		nτ	JAN	24		† + -	24	JAN
			٧.	7.0		↓ ↓ └↓	+		0141
G	WITHDRAWAL								
IJ	OTHER		12	DEC	25 :	1 1 1	1	25	DEC
	(SPECIFY)		11	NOV	261		1	26	VOV
N	MONTHS OUT OF WEDLOCK			OCT	27	┽┼	+	27	OCT
	NOWING COL OF WEDDOCK				++	}	++		
COLUMN 2			09	SEP	28]	l 11	1	28	Sep
		1	08	AUG	29		1	29	AUG 1
	INUATION OF CONTRACEPTIVE USE	9	07	JUL	301	++	t+	30	<i>J</i> UL 9
0	INFREQUENT SEX/HUSBAND AWAY				++	(
	BECAME PREGNANT WHILE USING	9	06	JUN	31		1	31	9 MUL
		6	05	MAY	321	1 1 1 1	(32	MAY 6
2	WANTED TO BECOME PREGNANT		ΔA	APR	33	+	++	33	APR
3	HUSBAND DISAPPROVED				+	++ -			
4	WANTED MORE EFFECTIVE METHOD			MAR	34		!	34	MAR
	HEALTH CONCERNS		02	FEB	35]	1	1	35	FEB
			01	JAN	36	11	T-~-T-~-	36	JAN
6	SIDE EFFECTS		•-		+	· +	+	-	
7	LACK OF ACCESS/TOO FAR								
8	COST TOO MUCH		12	DEC	37][i 1ll	1	37	DEC
			11	NOV	38)] [] [)	38	NOV
9	INCONVENIENT TO USE		10	OCT	39	+	†~~~ + ~~~	39	OCT
Y	FATALISTIC				++	++			
м	DIFFICULT TO GET PREGNANT/MENOPAUSE		09	SEP	401	11	11	40	Sep
		1	08	AUG	41	ii i 1	1 : 1	41	AUG 1
	MARITAL DISSOLUTION/SEPARATION/WIDOWHOOD	g	07	JUL	42	 	†	42	JUL 9
U	OTHER	9			+	 	++-	43	9 אטינ
	(SPECIFY)	-		JUN	43		ļ-~~+-~-!		
	DON'T KNOW	5	05	MAY	44[]	11	1	44	MAY 5
^	DOM I MON	بد	04	APR	45	1 1 1	1	45	APR
PLACE C	F INDUCED ABORTION		03	MAR	46	[†= [f+	46	MAR
					++	ṭ -ṭ			
C	GOVERNMENT/SAMPLE HOSPITAL		υZ	FEB	471		4	47	FEB
D	MATERNITY HOUSE		01	JAN	48 1		1 1	48	Jan
E	MCHFP CENTRE				T-000-007	,	7	-	
			772	DEC.	707 7 7			49	DEC
	SSK HOSPITAL/DISPENSARY			DEC	491		ļ-~~+~~~]		
	OTHER PUBLIC SECTOR			иол	501		ļ	50	NOV
н	PRIVATE HOSPITAL		10	OCT	51	<u> </u>	1	51,	OCT
J	PRIVATE POLYCLINIC		09	SEP	52	11	1	52	SEP
	PRIVATE DOCTOR				53	 	++ -		AUG 1
	***			AUG	+=~~+~~~1	++	ļ		
L	OTHER PRIVATE SECTOR	9	07	JUL	541	11	1	54	JUL 9
N	UNIVERSITY HOSPITAL	9	06	JUN	551	1	1	55	JUN 9
			05	MAY	56	+	†+	56	MAY 4
		•			4	++			
COLUMN 3:	MARRIAGE/UNION		04	APR	57		1	57	apr
Х	MARRIED		03	Mar	58	!	i : l	58	MAR
D	NOT MARRIED		02	FEB	59		†+	59	FEB
J					++	•	 - +		
			01	jan	eo11	: + -	ļ-~	60	Jan
COLUMN 4	MOVES AND TYPES OF COMMUNITIES		12	DEC	61	1 1 1		61	DEC
	CHANGE OF COMMUNITY			NOV	62	++	+	62	NOV
					+	++	f+		
1	PROVINCE CENTRE		10	oct	63	11	1		OCT
2	DISTRICT CENTRE		09	SEP	64	-	j	64	SEP
	SUBDISTRICT/VILLAGE	,		AUG	651		†+- - -		AUG 1
					++	╅╾╌╾╅╌╌╾╏	ţ-~-+-~-		
4	ABROAD	9		JUL	66	44	1+		<i>J</i> 022 9
		9	06	JUN	67		1 1	67	JUN 9
COLUMN 5	AND 5b: MOVES AND PROVINCES			MAY	6В	+~+	++		MAY 3
		3			++	∳ - ∮	ļ+		
x	CHANGE OF COMMUNITY			APR	691	↓↓]		69	APR
01						ıı i l		70	143.5
	-80 PROVINCE CODES		03	MAR	7011		1	,0	MAR
90					++	 	 + -	71	Mar Feb
90	~80 PROVINCE CODES ABROAD		02	FEB Jan	71		++	-	

) Adana	21 Diyarbakir	41 KOCAELI	61 Trabzon
)2 Adiyaman	22 EDIRNE	42 Konya	62 Tunceli
3 Afyon	23 Elaziö	43 Кüтануа	63 ŞANLIURFA
04 AGRI	24 Erzincan	44 Malatya	64 Uşak
05 Amasya	25 Erzurum	45 Manisa	65 Van
06 Ankara	26 Eskişehir	46 K.Maraş	66 Yozgat
07 ANTALYA	27 GAZIANTEP	47 Mardin	67 ZONGULDAK
08 Artvin	28 Giresun	48 Muğla	68 Aksaray
09 AYDN	29 GÜMÜŞHANE	49 Muş	69 BAYBURT
10 Balikesir	30 Hakkari	50 Nevşehir	70 Karaman
II Bilecik	31 HATAY	51 NIGDE	71 Kirikkale
12 BINGÖL	32 Isparta	52 Ordu	72 BATMAN
13 Bittlis	33 İÇEL	53 Rize	73 Şirnak
14 Bolu	34 İSTANBUL	54 SAKARYA	74 Bartin
5 BURDUR	35 İzmir	55 Samsun	75 Ardahan
l6 Bursa	36 Kars	56 Siirt	76 IGDIR
17 Çanakkale	37 Kastamonu	57 STNOP	77 YALOVA
18 Çankiri	38 Kayseri	58 Sivas	78 Karabük
19 ÇORUM	39 Kirklarelî	59 Tekirdağ	79 Kilis
20 Denizli	40 Kirşehir	60 Tokat	80 Osmaniye

CONVERSION OF YEARS OF BIRTH FROM RUMI CALENDAR TO MILADI CALENDAR YEARS:

RUMÌ YEAR + 584 = MILADI YEAR

HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES 1998 TURKISH DEMOGRAPHIC AND HEALTH SURVEY NEVER-MARRIED (SINGLE) WOMAN'S QUESTIONNAIRE

IDENTIFICATION						
CLUSTER NO HOUSEHOLD NO REGION URBAN (1) / RURAL		DISTRIC SUBDIST VILLAGE QUARTER	E T RICT			
NAME-SURNAME OF W	NAME-SURNAME OF WOMAN LINE NO OF WOMAN					
	INTERV	IEWER VISITS				
	1	2	3	FINAL VISIT		
DATE (DAY-MONTH) INTERVIEWER'S NAME-SURNAME RESULT (*)						
NEXT DAY-MONTH VISIT HOUR				TOTAL NO OF VISITS		
(*) RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED		•	PARTLY COMPLE	TED SPECIFY)		
SUPERVISOR DAY-MONTH	FIELD DAY-MO	EDITOR DOUBLE	KEYED DAY-MO			

,	Year of birth		
Age	Has not had birthday in 1998	Has already had birthday in 1998	
	Does no	ot know	
0	1997		
I	1996	1997	
2	1995	1996	
3	1994	1995	
4	1993	1994	
5	1992	1993	
6	1991	1992	
7	1990	1991	
8	1989	1990	
9	1988	1989	
10	1987	1988	
11	1986	1987	
12	1985	1986	
13	1984	1985	
14	1983	1984	
15	1982	1983	
16	1981	1982	
17	1980	1981	
18	1979	1980	
19	1978	1979	
20	1977	1978	
21	1976	1977	
22	1975	1976	
23	1974	1975	
24	1973	1974	
25	1972	1973	
26	1971	1972	
27	1970	1971	
28	1969	1970	
29	1968	1969	
30	1967	1968	
31	1966	1967	
32	1965	1966	
33	1964	1965	
34	1963	1964	
	 	<u>. </u>	

	Year of birth		
Age	Has not had birthday in 1998	Has already had birthday in 1998	
[Does n	ot know	
35	1962	1963	
36	1961	1962	
37	1960	1961	
.38	1959	1960	
39	1958	1959	
40	1957	1958	
41	1956	1957	
42	1955	1956	
43	1954	1955	
44	1953	1954	
45	1952	1953	
46	1951	1952	
47	1950	1951	
48	1949	1950	
49	1948	1949	
50	1947	1948	
51	1946	1947	
52	1945	1946	
53	1944	1945	
54	1943	1944	
55	1942	1943	
56	1941	1942	
57	1940	1941	
58	1939	1940	
59	1938	1939	
60	1937	1938	
61	1936	1937	
62	1935	1936	
63	1934	1935	
64	1933	1934	
65	1932	1933	
65 66	1932 1931	1933 1932	
65 66 67	1932 1931 1930	1933 1932 1931	
65 66	1932 1931	1933 1932	

SECTION 1. RESPONDENT'S BACKGROUND

101	RECORD THE TIME	HOUR - MINUTES
102A	First I would like to ask some questions about you and the place you lived. For most of the time until you were 12 years old, where did you live ?	
	(NAME OF THE PLACE) Was it a city centre, district centre, a subdistrict or village ? Or did you live abroad ?	PROVINCE CENTRE
1028	In which province is this place now ? RECORD THE NAME AND CODE OF THE PROVINCE.	NAME OF PROVINCE PROVINCE CODE
103	How long have you been living continously in (NAME OF PLACE OF INTERVIEW) ?	years
104A	Where did you live before you moved here ?	
	(NAME OF THE PLACE) Was that a city centre, district centre, a subdistrict or village ? Or did you live abroad ?	PROVINCE CENTRE
104в	In which province is this place now? RECORD THE NAME AND CODE OF THE PROVINCE.	NAME OF PROVINCE PROVINCE CODE
104c	What was the main reason for you to move here ?	PERSONAL REASONS EDUCATION

105	In what month and year were you born ?	MONTH
106	How old are you exactly ? What age have you completed ? CHECK ANSWERS TO 105 AND 106 USING AGE-BIRTH YEAR TABLE. IP INCONSISTENT PROBE AND CORRECT. AGE INFORMATION MUST BE RECORDED !	AGE IN COMPLETED YEARS
107	Have you ever attended school ?	YES
108	What is the highest level you have attended ?	PRIMARY
109A	What is the highest grade you have completed at that level ?	GRADE
109В	Did you graduate from this school ?	YES1 NO2
110	CHECK 106 : AGE 24 OR BELOW OR ABOVE	113
111	Are you currently attending school ?	YES1—→113 NO2

<u> </u>	115
2	116A
sk2	
.ECTS NI, ZAZA ETC)02	

1168	In addition to your mother tongue, which language(s) can you speak ? RECORD ALL MENTIONED.	TURKISH
		KNOWS NO OTHER LANGUAGEY
116c	What is (was) your mother's and father's mother tongue? USE THE CODES IN 116A.	MOTHER
117	What is your religion ? IF THE ANSWER IS "MUSLIM" PROBE FOR RELIGIOUS SECT AND CIRCLE APPROPRIATE CODE.	MUSLIM SUNNI
118	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE: THE WOMAN INTERVIEWED THE WOMAN INTE 1S NOT A USUAL IS A USUAL RESIDENT RESIDENT	ERVIEWED
119A	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? (NAME OF PLACE) Is that a city centre, a district centre, a subdistrict or village, or are you living abroad?	PROVINCE CENTRE

1198	In which province is that located ?	NAME OF PROVINCE PROVINCE CODE
120A	Now I would like to ask about the household you usually live. How many persons do usually live in your house ?	NUMBER
120B	Does the house you usually live belong to a household member, is it rented from someone else, is it a lodging, or do you just live here without having to pay anything?	OWNED BY A HOUSEHOLD MEMBER1 RENTED
121A	What is the source of drinking water for your household ?	PIPED WATER PIPED WATER IN HOUSE/GARDEN11——>122A PUBLIC PIPED WATER OUTSIDE HOUSE/GARDEN12 WELL WATER WELL IN RESIDENCE/GARDEN21——>122A PUBLIC WELL
1218	How long does it take you to go there, get water, and come back ?	MINUTES
122A	Is the toilet inside the house or outside ?	NO FACILITY/BUSH/FIELD0——123 INSIDE

1228	What type of toilet system do you have in your household? ASK WHETHER THE TOILET IS CONNECTED TO DRAINAGE SYSTEM IF IT IS CONNECTED: Is the toilet used only by this household or shared with another household? IF IT IS NOT CONNECTED: What is the facility for excrata disposal?	CONNECTED TO DRAINAGE SYSTEM USED ONLY BY THIS HOUSEHOLD11 SHARED WITH ANOTHER HOUSEHOLD.12 PIT OPEN PIT
123	What is the source of heating in winter for your house ?	RADIATOR (CENTRAL HEATING)
124	How many rooms in your household are used for sleeping?	ROOMS USED FOR SLEEPING
125	What is the main material of the floor?	NATURAL FLOOR EARTH
126	I would like to get an estimate of the total income that enters your household each month. Is the total amount of money earned by the members of your household in a month:	
126A	More than 100 million ?	YES
1268	More than 300 million ?	YES
126C	More than 500 million ?	YES
126D	Less than 50 million ?	YES1 NO2

o you have the following in your household?	YES	NC
Refrigerator	REFRIGERATOR1	2
Gas or electric oven	GAS/ELECTRIC OVEN1	2
Dishwasher	DISHWASHER1	2
Washing machine	WASHING MACHINE1	2
Vacuum cleaner	VACUUM CLEANER1	2
Television	TELEVISION1	2
Video	VIDEO1	2
Camera	CAMERA1	2
Music set with CD player	MUSIC SET WITH CD PLAYER1	2
Telephone	TELEPHONE1	2
Cellular Telephone	CELLULAR TELEPHONE1	2
Car (excluding tractors, taxis, etc.)	CAR1	2
Computer	COMPUTER1	2

234	Now I would like to talk to you about subjects concerning marriage life and fertility. When did your last menstrual period start ? (DATE, IF GIVEN)	DAYS AGO
235	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times ?	YES
236	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant ?	DURING HER PERIOD
237	CHECK 106: YOUNGER THAN AGE 25 AGED 25 OR OLDER THAN 25	280
238	Suppose you get married in the future. If all of your children are girls, would you give more births than you normally desired for the chance of having a boy?	YES
239	Let's suppose just the opposite. If all of your children are boys, would you give more births than you normally desired for the chance of having a girl ?	YES

280	Now I would like to ask you some questions about marriage. Do you currently have any arrangement or any plan for marriage ?	NO
281	I would like to learn your thoughts about marriage. Do you think civil ceremony is necessary for starting a husband-wife relationship ?	NECESSARY1 NOT NECESSARY2
282	What about religious ceremony ? Is it necessary ?	NECESSARY1 NOT NECESSARY2
283	In Turkey some couples cohabit as married by having only religious ceremony, without having civil ceremony. Do you think this is legal ?	LEGAL1 NOT LEGAL2
284	Do you think having only religious ceremony may have disadvantages for the woman, for the man or for the children ? IP YES: What kind of disadvantage(s) it may have ?	WOMAN DOESN'T HAVE GUARANTEEA NOT HAVING OFFICIAL CHARACTERB PROBLEM IN REGISTERING CHILDREN
ļ		(SPECIPY) NO DISADVANTAGEY
285	Who should decide for marriage ? Should the decision for marriage made by the couples or by the families ?	COUPLES DECIDE
286	In a situation where the couples decide to marry, is it necessary to seek also the families' consent?	YES

287	In a situation where the family arranged the marriage, should the consent of the man or the woman in question be sought ?	YES
288	CHECK 106 : AGED 25 OR YOUNGER THAN AGE 25 OLDER THAN 25	≥290
289	If you get married, will your family elders demand bridesmoney for you from the other side ?	YES
290	Is it good or bad for the husband and wife being close relatives, being cousins for example ?	GOOD
291	What may be the possible advantages of marrying a relative ?	PROTECTING PAMILY ASSETA ADVANTAGE OF KNOWING HIM/HER BEFOREB NOT TO ALLOW NON RELATIVES INTO FAMILYC OTHERU (SPECIFY) OTHERV (SPECIFY) NO ADVANTAGESY
292	What may be the possible disvantages of marrying a relative ?	DISABLED BORN CHILDRENA ONGOING FAMILY PRESSUREB NO CHANCE OF CHOICEC OTHERU (SPECIFY) OTHERV (SPECIFY) NO DISADVANTAGESY

Now I would like to talk about family planning. There are various methods that a married couple can use to avoid pregnancy.

- CIRCLE CODE '1' IN IN Q. 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
- THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY AND ASK WHETHER SHE HAS HEARD THE METHOD. CIRCLE CODE '2' IF METHOD IS RECOGNIZED AND CODE '3' IF NOT RECOGNIZED.
- . AFTER ASKING ABOUT ALL METHODS PROCEED TO 331B.

301 Which heard	ways or methods have you ?	SPONTANEOUS	PROBED	rd this method ?
		YES	YES	NO
1 .	Noman can avoid a pregnancy king a pill every day.	1	2	3-
1	omen can have the so called spiral) placed in them by a doctor or a	1	2	3-
by a d	TABLES Woman can have an injection loctor or a nurse which stops them becoming pregnant for a certain lof time.	1	2	3-
placed	NT Woman can have small rods I in their arm and this can prevent ancy for several years.	1	2	3-
a spor	RAGM, FOAM, JELLY Woman can place age, suppository, diaphragm, jelly cam inside themselves before course.	1	2	3-
1	Men can put a rubber sheath on penis during sexual intercourse.	1	2	3-7
- 1	LIGATION Women can have an operation of ligation to avoid having any more children.	1	2	3-
operat	STERILIZATION Men can have an cion called vasectomy so that their would not get pregnant.	1	2	3-
interc	Some couples can avoid having sexual course on certain days of the month when man is more likely to become pregnant.	1	2	3-7
	AWAL Some men pull out during intercourse before climax.	1	2	3-
i	ou heard of any other method comen or men can use to avoid ncy ?	(SPECIFY) (SPECIFY)		3

331B	CHECK 301 AND 302:		
	RECOGNIZED ONE RECOGNIZED NOT THE METHOL	i !	— → 337
332	Do you know of a place where couples can obtain a method of family planning ?	YES	337 1
333	Where is that ?	PUBLIC SECTOR	1
		GOVERNMENT/SAMPLE HOSPITALA MATERNITY HOUSEB MOTHER-CHILD HEALTH AND FAMILY PLANNING (MCHFP) CENTREC HEALTH CENTRED HEALTH HOUSEE SSK HOSPITAL/DISPENSARYF OTHER PUBLIC SECTOR	
	(NAME OF PLACE)	(SPECIPY)	
		PRIVATE SECTOR PRIVATE HOSPITAL	
		FRIEND/RELATIVE/NEIGHBOURR TRAD. MIDWIFE/MIDWIPE GRANS	
·]		OTHER U	
337	Dou you think a woman's chance of becoming pregnant is influenced by breastfeeding?	YES	 -602
338	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding ?	INCREASED	

SECTION 6. FERTILITY PREFERENCES

602	Now I have some questions about the future. Would you like to have a child or would you prefer not to have any children?	HAVE A CHILD
602A	How many children would you like to have in the future ?	OTHER ANSWERS 96 (SPECIPY)
602B	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter ?	NUMBER
606A	CHECK 301 AND 302: HEARD AT LEAST HEARD NONE OF ONE METHOD THE METHODS	614
608	Do you think you will use a method to delay or avoid pregnancy after you got married ?	YES

	l	t	l
609	Which method would you prefer to use ?	PILL01	<u>.</u>
		IUD02	ľ
		INJECTABLES	
		NORPLANT04	
	· ·	DIAPHRAGM/FOAM/JELLY05	
		CONDOM	ļ
	·	TUBAL LIGATION07	1
	<u> </u>	MALE STERILIZATION08	614
		RHYTHM09	
		WITHDRAWAL10	
		OTHER 96	1
		(SPECIFY)	•
		NOT SURE/DON'T KNOW98-	ك
			•
	•	•	<u></u>
610	What is the main reason that you think you will never	PERTILITY-RELATED REASONS	l
	use a method ?		•
		MENAPOUSAL/HYSTERECTOMY23	
		SUBFECUND/INPECUND24	
		WANTS MORE CHILDREN26	1
		i	İ
	·	OPPOSITION TO USE	
		WOMAN OPPOSED31	1
		OTHERS OPPOSED33	i
		RELIGIOUS REASONS34	ĺ
		LACK OF KNOWLEDGE	1
		KNOWS NO METHOD41	Į
		KNOWS NO SOURCE42	•
		METHOD-RELATED REASONS	Į.
		HEALTH CONCERNS51	•
		SIDE EFFECTS52	İ
		LACK OF ACCESS/TOO PAR53	
		COST TOO MUCH54	
		INCONVENIENT TO USE55	ļ
	·	INTERFERES WITH BODY'S	1
	`	NORMAL PROCESSES56	
		OTHER 96	l
		(SPECIPY)	ł
		DON'T KNOW98	
		•	<u></u>
614	Do you approve of couples using a method to avoid	APPROVE1	ł
- '	getting pregnant ?	DISAPPROVE2	
		NO OPINION	
	·]	l
		1	3

	1	Ī		1	
615	Is it acceptable or not acceptable to you for		not	DO	
	information on family planning to be provided:	ACCEPT-	ACCEPT-	тои	
	İ	ABLE	ABLE	KNOW	
	On the radio ?	RADIOi	2	8	
	On the television ?	TELEVISION1	5	8	
	In newspapers/magazines ?	NEWSP./MAGZ1	2	8	
	In secondary schools ?	SECONDARY1	2	8	
	In high schools ?	HIGH1	2	8	
616	In the last few months have you heard about family	1		1	
010	planning?	İ	YE	s no	
	On the radio ?				
	On the television ?	RADIO	1	2	
	In newspaper or magazine ?	TELEVISION	1	2	
	Prom a poster ?	NEWSPAPER OR MAGAZIN	E1	2	
	From brochures or leaflets ?	POSTER	1	2	
	From billboards or cloth posters ?	BROCHURES/LEAFLETS	1	2	
	Any other place ?	BILLBOARDS/CLOTH POS'	rers1	2	
	į	ANOTHER PLACE	1	2	
618	In the last few months have you discussed the practice of family planning with friends, neighbours, or relatives ?	YES			►628A
619	With whom ?				
		MOTHER			
	Anyone else ?	FATHER	• • • • • • • •	с	
		SISTER(S)		1	
	RECORD ALL MENTIONED.	BROTHER(S)			
		FRIEND/RELATIVE			
		NEIGHBOUR		J	
		OTHER		^U	
		(SPECIP	()		
	1	1		I	
628A	Do you think that the use of family planning is	YES		1	►708E
	against religion ?	SOME METHODS ARE		2	
		NO		3	
		NOT RELIGIOUS/NO REL	EGION	4	►708E
		NOT RELIGIOUS/NO REL.	EGION	4	►708E

628в	Which method(s) do you think (are) is against religion ?	PILL	
	Any other ?	IUDB INJECTABLESC NORPLANTD DIAPHRAGM/FOAM/JELLYE	
	RECORD ALL MENTIONED.	CONDOM	
i		RHYTHM	
		OTHER METHOD (SPECIFY) INDUCED ABORTION	
	<u>. </u>	1	-
528c	Does(did)your mother have any objections to any family planning method or to family planning in general on religious grounds ?	YES	
1	•	•	

708£ Have you lived in only one settlement or more than ONE SETTLEMENT..... one settlements since January 1993 ? MORE THAN ONE SETTLEMENT.....2--≻708G 708P ENTER IN COL.4 OF CALENDAR THE APPROPRIATE CODE FOR SETTLEMENT OF CURRENT RESIDENCE ("1" PROVINCE CENTER, "2" DISTRICT CENTER, "3" SUB-DISTRICT/VILLAGE, "4" ABROAD.) . ENTER (IN COLUMN 5 OF THE CALENDAR) THE PROVINCE CODE FOR THE SETTLEMENT. . BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1993. THEN SKIP TO 709A. 708G In what month and year did you move to (NAME OF THE SETTLEMENT OF CURRENT RESIDENCE)? ENTER (IN COLUMNS 4 AND 5 OF THE CALENDAR) "X" IN THE MONTH AND YEAR OF THE MOVE. POR COLUMN 4: FOR THE FOLLOWING MONTHS ENTER THE APPROPRIATE CODE FOR SETTLEMENT. ('1' PROVINCE CENTER, '2' DISTRICT CENTER, '3' SUB-DISTRICT/VILLAGE, '4' ABROAD). FOR THE FOLLOWING MONTHS ENTER THE PROVINCE CODE THAT THE SETTLEMENT IS CURRENTLY LOCATED. CONTINUE PROBING FOR PREVIOUS SETTLEMENTS AND RECORD MOVES, TYPES OF SETTLEMENTS AND PROVINCE CODES ACCORDINGLY. RECORD ALSO MOVES BETWEEN THE SAME TYPE OF SETTLEMENTS OR BETWEEN THE TYPES OF SETTLEMENTS IN THE SAME PROVINCE. ILLUSTRATIVE QUESTIONS > Where did you live before..... ? > In what month and year did you arrive there ? > Is that place a province center, a district center, a subdistrict/village or abroad? ➤ In which province islocated ?

SECTION 7B. WOMAN'S WORK AND STATUS

709	Now I would like to ask you questions about working. Aside from your own housework, are you currently working?	YES
710	You say that you are not working. As you know, some women sell small things, sell goods at the market place, work on the family farm or business. look after children, work as cleaning ladies etc. Are you doing any of these at the moment, or any other work of similar nature?	YES
711	Have you worked in any job in the last 12 months ?	YES
712	What type of work are/were you doing ? What kind of job are/were you in ?	
712A	Do/did you pay social security when doing this job ? IF YES: According to which schedule ?	NO

712B	CHECK 712, CIRCLE THE APPROPRIATE WORK CODE.	AGRICULTURE	
		OTHER SOCIAL SERVICES21 PERSONAL SERVICES22 OTHER96 (SPECIFY)	
7120	CHECK 712 , CIRCLE THE APPROPRIATE CODE FOR THE POSITION AT WORK	EMPLOYER EMPLOYING TEN OR MORE THAN TEN PERSONS	
		OTHER 96 (SPECIPY)	
713	· ·	rher ork codes	6
714	Whom does the land you work on belong to ?	HER LAND	

716	Do you usually work throughout the year, or do you work seasonally, or only once in a while ?	THROUGHOUT THE YEAR
717	During the last 12 months, how many months did you work ?	NUMBER OF MONTHS
718	During the last 12 months, how many days a week did you usually work (in the months that you worked) ?	NUMBER OF DAYS720
719	During the last 12 months, approximately, how many days did you work ?	NUMBER OF DAYS
720	Do/did you earn cash for your work ? PROBE : Do/did you make money for your work ?	YES1 NO2——>723
721A	How much do you usually earn for this work ? PROBE: Is this by the day, by the week, or by the month ?	PER HOUR
721B	CIRCLE THE APPROPRIATE CODE FOR THE GIVEN QUANTITY IN 721A .	MILLION
721c	(In the times that you work) Generally what amount of the family expenses is met by your earnings? The whole, more than the half, the half, less than the half, or does not your earning have any contribution to the family expenses?	THE WHOLE

722	Who mainly decides how the money you earn will be used : you or someone else ?	HERSELF DECIDES
723	Do you usually work at home or away from home ?	HOME1 AWAY2
740	CURRENTLY NOT WORKING (709=2 AND 710=2)	CURRENTLY WORKING (709=1 OR 710=1) OR WORKED DURING THE LAST 12 MONTHS (711=1)
741	You told currently you are not working. What is the main reason that you are not working?	HOLIDAY/ ON VACATION
7418	CHECK 711: WORKED DURING THE LAST 12 MONTHS	NOT WORKED DURING THE LAST 12 MONTHS 757
742	How long have/had you been working in your current/last job ?	YEAR
757	What is the main source of income providing your and your family's subsistence?	HER EARNINGS

758	Are you covered by any health insurance ? IF YES : According to which schedule ?	SSK EMEKLİ SANI BAĞ-KUR PRIVATE IN: GREEN CARD	DIĞI	1345	
766	Woman can sometimes make things that may annoy or make angry her husband. Now I will talk about some situations. Can you please tell me if the husband can have the right for beating his wife in those situations? If she burns the food ? If she neglects the care of children ? If she argues with her husband ? If she talks with other men ? If she spends the money needlessly ? If she refuses to have sexual intercourse ?	NEGLECT CH ARGUE WITH TALK OTHER SPEND NEED	YES	NO DK 2 8 2 8 2 8 2 8 2 8 2 8	
767	Now I will read you a few sentences. I would like to learn what you think about the ideas in these sentences. Do you think they are right or wrong? The important decisions in the family should be made by the male family members. Men are usually wiser than women. A woman should not argue with her husband even if does not share the same views with him. It is better always better for the male child to have education than the female child.	AGREES 1 1 1	DISAGREES 2 2 2 2	HAS NO IDEA 8 8	

SECTION 8. SEXUALLY TRANSMITTED DISEASES AND AIDS

801A	Now I would like you talk you about sexually transmitted diseases.	
	Have you ever heard of sexually transmitted diseases ?	YES
801B	Which discases have you heard ?	SYPHILISA BEL SOĞUKLUĞUB AIDSC WART/SORE IN GENITAL ORGANSD FUNGUSE
	RECORD ALL MENTIONED.	OTHERU (SPECIFY) OTHERV (SPECIFY) DOESN'T KNOW THE NAMESX
801K	CHECK 801B : NOT MENTIONED AIDS	MENTIONED AIDS >802A
801L	Nave you ever heard of an illness called AIDS ?	YES1 NO2→812
802A	Prom which sources of information have you learned most about AIDS ?	RADIO
	Any other sources ? RECORD ALL MENTIONED.	HEALTH WORKERSE MOSQUESF SCHOOLS/TEACHERSG PRIENDS/RELATIVESI WORK PLACEJ
		OTHERU

	1	i t
802в	Through what ways a person is transmitted AIDS ?	SEXUAL RELATIONA
0026	intodgii wilat ways a person is transmitted albo.	SEXUAL RELATION WITH MORE
	1	
		THAN ONE PARTNERB
		SEXUAL RELATION
		WITH A PROSTITUTEC
		NOT USING CONDOMD
	Any other ways ?	HOMOSEXUAL RELATION
		BLOOD TRANSFUSIONF
	RECORD ALL MENTIONED.	INJECTION
		KissingH
		MOSQUITO BITE1
	·	otheru
		(SPECIPY)
	·	OTHERV
		(SPECIFY)
		DON'T KNOWX
. ;		<u> </u>
	1	1
803	Is there anything a person can do to avoid	YES1
. 003	getting AIDS or the virus that causes AIDS ?	NO2—
	getting AIDS OF the VIIus that causes AIDS !	DON'T KNOW8——▶807
		pole i mow
	<u> </u>	<u> </u>
		3
901	18-a4	2177 079
804	What can a person do ?	SAFE SEXA
		ABSTAIN FROM SEXB
		use condoms
		HAVE ONLY ONE SEX PARTNERD
	•	AVOID SEX WITH PROSTITUTESE
	Any other ways ?	AVOID SEX WITH HOMOSEXUALSP
		AVOID BLOOD TRANSPUSIONSG
		AVOID INJECTIONS
	RECORD ALL MENTIONED.	AVOID KISSING
i		AVOID MOSQUITO BITES
		SEEK PROTECTION PROM
		TRADITIONAL HEALERK
, i		
		OTHERU
		(SPECIFY)
	*	OTHERV
		(SPECIPY)
		DON'T KNOW
	<u> </u>	<u> </u>
807	Is it possible for a healthy-looking person	YES1
507	to have the AIDS virus ?	NO2
	to have the Albs virus i	- I
		DON'T KNOW8
		1
		•
	·	
808A	Do you think that persons with AIDS almost never	ALMOST NEVER1
	die from the disease, sometimes die, or	SOMETIMES2
	almost always die from the disease ?	ALMOST ALWAYS3
		DON'T KNOW8
		1
		•

808B	Is there a medical teratment for AIDS ?	YES
808c	Is AIDS transmitted from mother to child ?	YES
812	RECORD THE TIME.	HOUR
813	PRESENCE OF OTHERS DURING THE INTERVIEW: CIRCLE ALL APPROPRIATE ALTERNATIVES.	NO ONE
		1
814	WAS THE INTERVIEW INTERRUPTED ? IF YES, FOR HOW LONG, APPROXIMATELY ? (IN MINUTES)	NO
814 815		
	IF YES, FOR HOW LONG, APPROXIMATELY ? (IN MINUTES) WHAT IS THE RELIABILITY OF THE RESPONSES, IN YOUR	POOR

SECTION 9. HEIGHT AND WEIGHT

921	■ WRITE NAME OF WOMAN TO Q.923 ■ WRITE THE HEIGHT AND WEIGHT OF WOMAN IN 926 AND 928		
	•	1 WOMAN	
923	NAME	(NAME)	
926	HEIGHT (in centimeters)		
928	WEIGHT (in kilograms)		
929	DATE WEIGHTED AND MEASURED	MONTH	
930	result	MEASURED	
931	NAME OF MEASURER		

INTERVIEWER'S OBSERVATIONS (To be filled after completing interview)

COMMENTS ABOUT WOMAN
COMMENTS ON SPECIPIC QUESTIONS
ANY OTHER COMMENTS
SUPERVISOR'S OBSERVATIONS
NAME OF THE SUPERVISOR: DATE:
EDITOR'S OBSERVATIONS
NAME OF THE EDITOR: DATE:

CALENDAR

	CALE	NDAR			
		1 2	3 4	5a 5b	
	12 DEC	01 N	0	0:	DEC
	11 NOV	02 N	0	02	YOM S
	10 oct	03 H	0	01	3 OCT
	og sep	04 N 🚟	0	04	SEP
1	OB AUG	05 N 🚃	0	01	AUG 1
9	07 JUL	06 и 🚟	0	00	S JUL 9
9	06 JUN	07 N 🖽	0	07	O NUL 9
8	05 MAY	ов и 🕮	0	08	B YAM 8
	04 APR	09 N		05	APR
	03 MAR	10 N	0	10	MAR
	03 FEB	11 N BB	0	11	FEB.
	01 JAN	12 N	0	12	JAN
_					
	12 DEC	13 N		1.3	
	11 NOV	14 N	0	14	
	10 OCT	15 N		1!	
	09 SEP	16 N		10	
1	OB AUG	17 N	0	17	
9	07 JUL	10 N	0	16	
9	06 JUN	19 N		125	
7	05 MAY	20 N	12 14	20	
	04 APR	21 N		21	
	03 MAR	22 N	0	22	
	02 FEB	23 N	0	23	
	01 JAN	24 N		24	MAG
		177		1 122	
	12 DEC	25 N 🚉	-	25	
	11 NOV	26 N	<u> • - </u>	26	
	10 OCT	27 N	-	27	
	09 SEP	28 N	<u> </u>	25	
1	OB AUG	29 N 100	2	25	
9	07 JUL	30 N	-	30	
9	OS MAY	31 N 32 N	8	31	
۰	04 APR		1	33	
	03 MAR	39 N 34 N		34	
	02 F2B	- 1 Sagar		35	
	Ol JAN	36 N	6	36	
	02 014	2.4 () <u>17749</u>)		L	,
_	12 DEC	37 N 🚎	0	37	DEC
	11 NOV	39 N		36	
	10 OCT	39 N	6	39	
	09 SEP	40 N		40	
1	08 AUG	41 N	0	41	AUG 1
9	07 JUL	42 N	0	42	JUL 9
9	06 JUN	43 N	0	43	פ אטע ו
5	05 MAY	44 N	0	44	MAY 5
	04 APR	45 N	0	45	APR
	03 MAR	46 N	0	44	MAR
	02 PEB	47 N	0	47	FEB
	01 JAN	48 N	0	46	JAN I
_	12 DEC	49 N	0	45	
	11 NOV	50 N	0	50	
	10 OCT	51 N		51	
	O9 SEP	52 N 🚟	0	52	
1	08 AUG	53 N	0	53	
9	07 JUL	54 N	<u> </u>	54	
9	NUC 30	55 N	-	55	
4	05 MAY	56 N	19	156	
	04 APR	57 N		57	
	03 MAR	58 N	0	58	
	02 FEB	59 N	0	55	
	01 JAN	60 и			JAN
_	10	de la lace	1211	1 1 1 1 1 2 1 2 1	DE2
	12 DEC	61 N		61	
	11 NOV	62 N	9	62	
	10 OCT	63 N	9	63	
	09 SEP	64 N	0	64	
1	00 AUG	65 N		65	
9	07 JUL	66 N	-		
9	06 JUN	67 N	-	67	
3	05 MAY	68 N		66	
	04 APR	69 N		65	
	RAM EO	70 N	0	71	
	02 FEB	71 N		72	
	01 JAN	72 N	0	⁷² لــــلـــا	
					4

INSTRUCTIONS:	
ONLY ONE CODE SHOULD APPEAR IN ANY BO	×
FOR COLUMNS 4 AND 53-5B ALL MONTHS	
SHOULD BE FILLED IN.	

COLUMN 1:

BIRTHS AND PREGNANCIES

N MONTHS OUT OF WEDLOCK

COLUMN 3:

O NOT MARRIED

COLUMN 4: MOVES AND TYPES OF COMMUNITIES

X CHANGE OF COMMUNITY

1 PROVINCE CENTRE

2 DISTRICT CENTRE

3 SUBDISTRICT/VILLAGE

4 ABROAD

COLUMN Sa AND 5b: MOVES AND PROVINCES

X CHANGE OF COMMUNITY

01-80 PROVINCE CODES 90 ABROAD

	PROVI	NCE CODES	
01 Adana	21 Diyarbakir	41 KOCAELI	61 Trabzon
02 ADIYAMAN	22 Edirne	42 Konya	62 Tuncelt
03 AFYON	23 Elaziğ	43 Kütahya	63 ŞANLIURFA
04 AGRI	24 Erzincan	44 MALATYA	64 Uşak
05 AMASYA	25 Erzurum	45 Manisa	65 Van
06 ANKARA	26 Eskişehir	46 K.Maraş	66 Yozgat
07 ANTALYA	27 GAZIANTEP	47 Mardin	67 ZONGULDAK
08 ARTVIN	28 Giresun	48 Muğla	68 AKSARAY
09 AYDIN	29 Gümüşhane	49 Muş	69 BAYBURT
10 Balikesir	30 Hakkari	50 Nevşehir	70 Karaman
11 Bilecik	31 HATAY	51 NIGDE	71 KIRIKKALE
12 BINGÖL	32 Isparta	52 Ordu	72 BATMAN
13 BitLis	33 İÇEL	53 RIZE	73 ŞIRNAK
14 Bolu	34 İSTANBUL	54 Sakarya	74 BARTIN
15 BURDUR	35 İzmir	55 SAMSUN	75 ARDAHAN
16 Bursa	36 Kars	56 Sitrt	76 IGDIR
17 ÇANAKKALE	37 KASTAMONU	57 SINOP	77 YALOVA
18 ÇANKIRI	38 Kayseri	58 Sivas	78 Karabůk
19 ÇORUM	39 Kirklareli	59 Tekirdağ	79 Kilis
20 DENIZLI	40 Kırşehir	60 Tokat	80 Osmaniye

CONVERSION OF YEARS OF BIRTH FROM RUMI CALENDAR TO MILADI CALENDAR YEARS:

RUMİ YEAR + 584 = MILADI YEAR

		·	
•			
			:
•			

HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES 1998 TURKISH DEMOGRAPHIC AND HEALTH SURVEY HUSBAND QUESTIONNAIRE

IDENTIFICATION				
CLUSTER NO				
NAME-SURNAME OF MAN LINE NO OF MAN				
	INTERV	EWER VISITS		
	1	2	3	FINAL VISIT
DATE (DAY-MONTH) INTERVIEWER'S NAME-SURNAME RESULT (*)				
NEXT DAY-MONTH VISIT HOUR				TOTAL NO OF VISITS
(*) RESULT CODES : 1 COMPLETED 5 PARTLY COMPLETED 2 NOT AT HOME 3 POSTPONED 7 OTHER 4 REFUSED (SPECIFY)				
SUPERVISOR FIELD EDITOR KEYED BY DAY-MONTH DAY-MONTH DAY-MONTH				

	Year of birth	
Age	Has not had birthday in 1998	Has already had birthday in 1998
	Does no	ot know
0	1997	
1	1996	1997
2	1995	1996
3	1994	1995
4	1993	1994
5	1992	1993
6	1991	1992
7	1990	1991
8	1989	1990
9	1988	1989
10	1987	1988
11	1986	1987
12	1985	1986
13	1984	1985
14	1983	1984
15	1982	1983
16	1981	1982
17	1980	1981
18	1979	1980
19	1978	1979
20	1977	1978
21	1976	1977
22	1975	1976
23	1974	1975
24	1973	1974
25	1972	1973
26	1971	1972
27	1970	1971
28	1969	1970
29	1968	1969
30	1967	1968
31	1966	1967
32	1965	1966
33	1964	1965
34	1963	1964

	Year o	of birth
Age	Has not had birthday in 1998	Has already had birthday in 1998
	Does no	ot know
35	1962	1963
. 36	1961	1962
37	1960	1961
38	1959	1960
39	1958	1959
40	1957	1958
41	1956	1957
42	1955	1956
43	1954	1955
44	1953	1954
45	1952	1953
46	1951	1952
47	1950	1951
48	1949	1950
49	1948	1949
50	1947	1948
51	1946	1947
	1946 1945	1947 1946
51 52 53	1946	1947 1946 1945
51 52	1946 1945	1947 1946
51 52 53	1946 1945 1944	1947 1946 1945 1944 1943
51 52 53 54	1946 1945 1944 1943	1947 1946 1945 1944
51 52 53 54 55	1946 1945 1944 1943	1947 1946 1945 1944 1943
51 52 53 54 55 56	1946 1945 1944 1943 1942 1941	1947 1946 1945 1944 1943 1942
51 52 53 54 55 56 57	1946 1945 1944 1943 1942 1941 1940	1947 1946 1945 1944 1943 1942 1941
51 52 53 54 55 56 57 58	1946 1945 1944 1943 1942 1941 1940 1939	1947 1946 1945 1944 1943 1942 1941 1940
51 52 53 54 55 56 57 58 59	1946 1945 1944 1943 1942 1941 1940 1939	1947 1946 1945 1944 1943 1942 1941 1940
51 52 53 54 55 56 57 58 59	1946 1945 1944 1943 1942 1941 1940 1939 1938	1947 1946 1945 1944 1943 1942 1941 1940 1939
51 52 53 54 55 56 57 58 59 60 61 62 63	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937
51 52 53 54 55 56 57 58 59 60 61 62	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936
51 52 53 54 55 56 57 58 59 60 61 62 63	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935
51 52 53 54 55 56 57 58 59 60 61 62 63 64	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933 1932	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933 1932
51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66	1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933 1933 1933	1947 1946 1945 1944 1943 1942 1941 1940 1939 1938 1937 1936 1935 1934 1933

SECTION 1. RESPONDENT'S BACKGROUND

101	RECORD THE TIME	HOUR - MINUTES
102A	First I would like to ask some questions about you and the place you lived. For most of the time until you were 12 years old, where did you live ? (NAME OF THE PLACE) Was it a city centre, district centre, a subdistrict or village ? Or did you live abroad ?	PROVINCE CENTRE
102B	In which province is this place now ? RECORD THE NAME AND CODE OF THE PROVINCE,	NAME OF PROVINCE PROVINCE CODE
103	How long have you been living continously in (NAME OF PLACE OF INTERVIEW) ?	YEARS
104A	Where did you live before you moved here ? (NAME OF THE PLACE) Was that a city centre, district centre, a subdistrict or village ? Or did you live abroad ?	PROVINCE CENTRE
104B	In which province is this place now ? RECORD THE NAME AND CODE OF THE PROVINCE.	NAME OF PROVINCE PROVINCE CODE

	<u> </u>	1
104C	What was the main reason for you to move here ?	PERSONAL REASONS
		MARRIAGE01
		EDUCATION02
		LOOKING POR JOB
		CHANGE OF JOB/APPOINMENT04
		1
		RETURN TO HOMELAND05
		SPOUSAL REASONS
	•	TO ACCOMPANY HUSBAND06
		CHANGE OP JOB/APPOINMENT07
		LOOKING FOR JOB08
		PAMILIAL REASONS
		TO JOIN PARENTS09
	'	CHANGE OF JÓB/APPOINMENT10
		LOOKING FOR JOB11
		1
		OTHER 96
		(SPECIFY)
		,
	· ·	1.
105	In what month and year were you born ?	MONTH
	·	<u> </u>
		DON'T KNOW MONTH98
		<u> </u>
		YEAR 1 9
		DON'T KNOW YEAR9998
		1
		i , , , , , , , , , , , , , , , , , , ,
106	How old are you exactly ? What age have you completed ?	AGE IN COMPLETED YEARS
		·
	CHECK ANSWERS TO 105 AND 106 USING AGE-BIRTH	4
	YEAR TABLE. IP INCONSISTENT PROBE AND CORRECT	1
	AGE INFORMATION MUST BE RECORDED !	1
٠		1 1
107	Have you ever attended school ?	YES1
107	have you ever attended school ?	
		NO2>114
		j I
108	What is the highest level you have attended ?	PRIMARY1
108	What is the highest level you have attended ?	PRIMARY1
108	What is the highest level you have attended ?	SECONDARY2
108	What is the highest level you have attended ?	SECONDARY2 HIGH SCHOOL3
108	What is the highest level you have attended ?	SECONDARY2
108	What is the highest level you have attended ?	SECONDARY2 HIGH SCHOOL3
108	What is the highest level you have attended ?	SECONDARY2 HIGH SCHOOL3
		SECONDARY2 HIGH SCHOOL3
108	What is the highest grade you have completed at that	SECONDARY
		SECONDARY
	What is the highest grade you have completed at that	SECONDARY
	What is the highest grade you have completed at that	SECONDARY
109A	What is the highest grade you have completed at that level ?	SECONDARY
109A	What is the highest grade you have completed at that level ?	SECONDARY

113	CHECK 108 :		
	ATTENDED ATTENDED		
	PRIMARY SECONDARY		115
	OR HIGHER		<u> </u>
		1	1
114	Can you read and understand a letter or newspaper	EASILY1	
i	easily, with difficulty, or not at all ?	WITH DIPFICULTY2	
	'	NOT AT ALL	
	•	1	1
		*	
115	How frequent do you read a newspaper or magazine ?	EVERY DAY/ALMOST EVERY DAY1	
		ONCE-TWICE A WEEK2	ł
i	·	RARELY/SELDOM3	1
		NEVER/ALMOST NEVER4	1
		1	1
			•
116A	What is your mother tongue ?	TURKISH01	1
	Tame manuar sandar ,	KURDISH AND DIALECTS	1
		(KURMANCI, GORANI, ZAZA ETC)02	ı
		ARABIC	I
	RECORD ONLY ONE RESPONSE.	GREEK04	1
		ARMANIAN05	
	•	HEBREW(LADINO)06	
		CIRCASSIAN07	1
1		GEORGIAN08	
i		LAZ LANGUAGE09	l .
		PERSIAN10	
· .		BULGARIAN11	
		RUMANIAN12	1
		SERBIAN13	
1		ENGLISH14	1
		GERMAN15	1
I		OTHER 96	
		(SPECIFY)	ŀ
			<u>. </u>
			1
116B	In addition to your mother tongue, which language(s)	TURKISHA	į
	can you speak ?	KURDISH AND DIALECTS	1
ı		(KURMANCI, GORANI, ZAZA ETC)B	
		GREEKD	
Į	RECORD ALL MENTIONED.	ARMANIANE	1
. 1	ABCOAD AND MENITORED.	HEBREW(LADINO)P	
- 1		CIRCASSIAN	1
- 1		GEORGIAN	
- 1		LAZ LANGUAGEI	
ľ		PERSIANJ	ľ
1	•	BULGARIANK	[
		RUMANIANL	1
		SERBIAN	l
1		ENGLISH	1
[GERMAN	ſ
1		OTHERU	
1		(SPECIFY)	1
1			
•		KNOWS NO OTHER LANGUAGEY	Ĭ.

116c	What is (was) your mother's and father's mother tongue ? USE THE CODES IN 116A.	MOTHER
117	What is your religion ? IF THE ANSWER IS "MUSLIM" PROBE FOR RELIGIOUS SECT AND CIRCLE APPROPRIATE CODE.	MUSLIM SUNNI
118	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE: THE MAN INTERVIEWED IS NOT A USUAL RESIDENT THE MAN INTERVIEWED IS A USUAL RESIDENT	
119A	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? (NAME OF PLACE) Is that a city centre, a district centre, a subdistrict or village, or are you living abroad?	PROVINCE CENTRE
1198	In which province is that located ?	NAME OF PROVINCE PROVINCE CODE
120A	Now I would like to ask about the household you usually live. How many persons do usually live in your house ?	NUMBER
1208	Does the house you usually live belong to a household member, is it rented from someone else, is it a lodging, or do you just live here without having to pay anything ?	OWNED BY A HOUSEHOLD MEMBER1 RENTED

121A	What is the source of drinking water for your household ?	PIPED WATER PIPED WATER IN HOUSE/GARDEN11— 122A PUBLIC PIPED WATER OUTSIDE HOUSE/GARDEN12 WELL WATER WELL IN RESIDENCE/GARDEN21— 122A PUBLIC WELL
1218	How long does it take you to go there, get water, and come back ?	MINUTES
122A	Is the toilet inside the house or outside ?	NO PACILITY/BUSH/PIELD
1228	What type of facility is used in the toilet? ASK WHETHER THE TOILET IS CONNECTED TO DRAINAGE SYSTEM IF IT IS CONNECTED: Ask if the toilet is used only by this household or shared with another household? IF IT IS NOT CONNECTED: What is the facility for excrata disposal?	CONNECTED TO DRAINAGE SYSTEM USED ONLY BY THIS HOUSEHOLD11 SHARED WITH ANOTHER HOUSEHOLD.12 PIT OPEN PIT
123	What is the source of heating in winter for your house ?	RADIATOR (CENTRAL HEATING)1 RADIATOR (PRIVATE)

	l .	1 1	
124	How many rooms in your household are used for sleeping ?	ROOMS USED FOR SLEEPING	
125	What is the main material of the floor?	NATURAL FLOOR EARTH	
		PINISHED FLOOR PARQUET/POLISHED WOOD	
, .	5. 1	OTHER96 (SPECIFY)	
		1	
126	I would like to get an estimate of the total income that enters your household each month. Is the total amount of		
	money earned by the members of your household in a month:	l	
126A	More than 100 million ?	YES1 NO2——→12	6р
126B	More than 300 million ?	YES	7
126c	More than 500 million ?	YES	7
126D	Less than 50 million ?	YES1	
. ,	·	10.,,,,	
127	Do you have the following in your household ?	yes no	
	Refrigerator	REPRIGERATOR., 2	
į	Gas or electric oven	GAS/ELECTRIC OVEN1 2	
	Dishwasher	DISHWASHER 2	
	Washing machine	WASHING MACHINE1 2	
·	Vacuum cleaner	VACUUM CLEANER 2	
	Television	TELEVISION 2	
ļ	Video	VIDEO 2	
	Camera	CAMBRA 2	
	Music set with CD player	MUSIC SET WITH CD PLAYER.1 2	
	Telephone	TELEPHONE 2	
	Cellular Telephone	CELLULAR TELEPHONE1 2	
	Car (excluding tractors, taxis, etc.)	CAR 2	
	Computer	COMPUTER1 2	
I		l ,	

130	Now I would like to ask you questions about working. Are you currently working?	YES1——→132 NO2
131	Have you worked in any job in the last 12 months ?	YES1 NO2—→141,
132	What type of work are/were you doing ? What kind of job are/were you in ?	
	DO NOT FILL IN THE BOXES.	
132A	Do/did you pay social security when doing this job 7	NO0
	IF YES: According to which schedule ?	SSK
1227	OURCE 120 OTROLD MUS ADDRODD AND LODG GODS	
1328	CHECK 132, CIRCLE THE APPROPRIATE WORK CODE.	AGRICULTURE

1320	CHECK 132 , CIRCLE THE APPROPRIATE CODE FOR THE POSITION AT WORK	EMPLOYER EMPLOYING TEN OR MORE THAN TEN PERSONS
133	СНЕСЖ 132В :	
		OTHER WORK CODES 135
134	Whom does the land you work on belong to ?	HIS LAND
135	Do you usually work throughout the year, or do you work seasonally, or only once in a while ?	THROUGHOUT THE YEAR
136	During the last 12 months, how many months did you work ?	NUMBER OF MONTHS
137	During the last 12 months, how many days a week did you usually work (in the months that you worked) ?	NUMBER OF DAYS
138	During the last 12 months, approximately, how many days did you work ?	NUMBER OF DAYS
139	Do/did you earn cash for your work ? PROBE : Do/did you make money for your work ?	YES1 NO2—→142

140A	How much do you usually earn for this work ? PROBE: Is this by the day, by the week, or by the month ?	PER HOUR1 PER DAY2 PER WEEK3 PER MONTH4 PER YEAR5 OTHER
140в	CIRCLE THE APPROPRIATE CODE FOR THE GIVEN QUANTITY (AMOUNT) IN 140A .	MILLION142 THOUSAND2——→142
141	You told currently you are not working. What is the main reason that you are not working?	RETIRED
142	Are you covered by health insurance ?	.30
	IF YES : According to which schedule ?	SSK

SECTION.2 FERTILITY

201	Now I would like to ask you questions about your children. Here I consider your own/self children. Have you ever had any children born alive?	YES1 NO2→206
202	Bo you have any sons or daughter who are now living with you ?	YES
203	How many sons live with you ? And how many daughters live with you ? IF NONE, RECORD "00".	SONS AT HOME
204	Do you have any sons or daughters who are alive but do not live with you(live elsewhere) ?	YES
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD "00".	SONS ELSEWHERE
206	Have you ever had a boy or a girl born alive but later died ? IF NO. PROBE: Any baby who cried or showed signs of life but only survived a few hours or days ?	YES1 NO2——→208
207	In all, how many boys have died ? And how many girls have died ? IF NONE, PROBE "00".	BOYS DEADGIRLS DEAD
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.	TOTAL

209	CHECK 208 :]	
	Just to make sure that I have this right: you have had in TOTAL births during your life. Is that correct ?		
	YES NO PROBE AND CORRECT 201-208 AS NECESSARY.	·	
210	CHECK 208: HAS CHILD HAS NO CHILD		>301
210A	In what month and year was your last child born ?	MONTH	
2108	CHECK 210A, LAST CHILD BORN : AFTER JANUARY 1993	BEFORE JANUARY 1993	>301
211	Before your last child was born, did you want to have child then, did you want to wait until later, or did you not want to have any more children at all?	THEN	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning. There are various methods that a married couple can use to avoid pregnancy.

- CIRCLE CODE '1' IN IN Q. 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
- THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY AND ASK WHETHER SHE HAS HEARD THE METHOD. CIRCLE CODE '2' IF METHOD IS RECOGNIZED AND CODE '3' IF NOT RECOGNIZED.
- THEN FOR EACH METHOD WITH CODE '1' OR '2' CIRCLED IN 301 OR 302, ASK 303.
- AFTER ASKING ABOUT ALL METHODS PROCEED TO 304.

301	Which ways or methods have your heard ?	SPON- TANEOUS YES	302 Have you ever h this method ? PROBED YES N		303 Have you ever used this method ?
01	PILL Woman can avoid a pregnancy by taking a pill every day.	1	2 3		YES1 NO2
02	IUD Women can have the so called spiral or IUD placed in them by a doctor or a nurse.	1	2 3		YES1 NO2
03	INJECTABLES Woman can have an injection by a doctor or a nurse which stops them from becoming pregnant for a certain period of time.	1	2 3		YES1 NO2
	NORPLANT Woman can have small rods placed in their arm and this can prevent pregnancy for several years.	1	2 3	İ	YES1 NO2
ت	DIAPHRAGM, POAM, JELLY Woman can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2 3		YES1 NO2
1	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2 3		YES
	TUBAL LIGATION Women can have an operation of tubal ligation to avoid having any more children.	1	2 3		Has (had) your wife ever have such an operation ? YES
	MALE STERILIZATION Men can have an operation called vasectomy so that their wives would not get pregnant.	1	2 3		Have you ever had such an operation to avoid having any more children ? YES

(NEVER USED) (EVER USED) Have you or your wife ever used anything or tried in any way to delay or avoid getting pregnant? NO		ich ways or methods have you ard ?	SPON- TANEOUS YES	1		d 303 Have you ever this method?	used
Sexual intercourse before climax.	sex the	qual intercourse on certain days of e month when the woman is more likely	1	2	3		
that women or men can use to avoid CSPECIFY NO			1		3		
NOT A SINGLE "YES" (NEVER USED) 305 Have you or your wife ever used anything or tried in any way to delay or avoid getting pregnant? 306 What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY). 307 Are you or your wife currently doing something or using sny method to delay or avoid getting pregnant? 308 Which method are you using? PILL	the	at women or men can use to avoid	(\$	SPECIFY)	3	NO	2
306 What have you used or done ?	304	NOT A SINGLE "YES"	"YE	es"			→307
CORRECT 303 AND 304 (AND 302 IF NECESSARY). 307 Are you or your wife currently doing something or using any method to delay or avoid getting pregnant? 308 Which method are you using? PILL		·	-	in			3 09
any method to delay or avoid getting pregnant ? NO	306	-	SARY).	:			
IUD	1			using			309
OTHER96+310	308	Which method are you using ?			IUD. INJECTABLES. NORPLANT DIAPHRAGM/FOA CONDOM. TUBAL LIGATIO MALE STERILIZ RHYTHM WITHDRAWAL		310

308a	You said you are currently using withdrawal. Do you use only withdrawal or use it together	YES, TOGETHER WITH OTHER METHOD1	,
	with any other method ?	NO. ONLY WITHDRAWAL2	≯310
		•	
308B	Which method is that ?	PĭLL01	<u></u>
		IUD02	
	·	INJECTABLES03	
	DO NOT MAKE ANY CORRECTION AT 308 DUE TO THE METHOD	NORPLANT04	
	MENTIONED HERE. TAKE WITHDRAWAL AS THE CURRENTLY USED	DIAPHRAGM/FOAM/JELLY05	
	METHOD AND SKIP TO 310.	condom	▶310
		TUBAL LIGATION07	
		MALE STERILIZATION08 RHYTHM09	1
		KRI LAMIC	
			ı
		OTHER96	1
		(SPECIFY)	•
		1	[
309	What is the main reason you are not using a method of	PERTILITY-RELATED REASONS	l
	contraception to avoid pregnancy ?	NOT HAVING SEX	
	,	WIFE IN	l
		MENOPAUSAL/HAD HYSTERECTOMY23	Ĭ
ĺ		WIPE SUBFECUND/INFECUND24	
		WIPE POSTPARTUM/]
		BREASTPEEDING25	ĺ
		WANTS (MORS) CHILDREN26	
ŀ		WIFE PREGNANT27	ļ
		HIMSELF INFECUND28	ĺ
		OPPOSITION TO USE	ļ
		HIMSELF OPPOSED31	1
		WIFE OPPOSED32	
		OTHERS OPPOSED33	!
		RELIGIOUS REASONS34	1
		LACK OF KNOWLEDGE	
		KNOWS NO METHOD	
		KNOWS NO SOURCE42	
		.	
		METHOD-RELATED REASONS	
		HEALTH CONCERNS	•
	•	SIDE EFPECTS	
		COST TOO MUCH54	
		INCONVENIENT TO USE55	
		INTERPERES WITH BODY'S	
		NORMAL PROCESSES	
		LEFT THE CHOICE TO WOMAN61	
		1	
	,	OTHER 96	
ĺ		(SPECIFY)	
		1 MOW90]

310	CHECK 308 : USING USING WITHDRAWAL OTHER METHON	, , , , , , , , , , , , , , , , , , , ,
311	Now let's talk a little more about withdrawal. You told you are using withdrawal. Who prefers to use it, you, your wife or you and your wife together?	HIMSELF
312	Do you think withdrawal is a convenient method for preventing pregnancy ? Does it sufficiently prevent pregnancy ?	YES
313	Do you think using withdrawal is easy or difficult ?	EASY
314	What is the main reason that you are not using any other method but withdrawal ? DO NOT FILL IN THE BOXES.	

401	How many times did you marry ? Once or more than once ?	ONCE
402A	Some men can be married with more than one woman at the same time. Is it the case for you ?	YES
402В	Currently, how many wives do you have ?	NUMBER OF WIVES
403	WRITE THE LINE NO. OF THE WIFE FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE WIFE DOESN'T LIVE AT HOME, WRITE OO. THE NUMBER IN THE BOX SHOULD BE EQUAL TO THE NUMBER OF WOMEN IN 402B.	
408	CHECK 401: MARRIED ONCE MARRIED MORE THAN ONCE In what month and year did you marry (started your first wife. living with) your wife? MARRIED MORE THAN ONCE I HAN ONCE In what month and year did you marry (started living with) your wife?	MONTH
409	How old were you when you started living with your (first) wife ?	AGE
409A	How old was your (first) wife when you started living with her ?	AGE
411	CHECK 301 AND 302: KNOWS CONDOM Did you use condom in your last sexual intercourse? Did you use condom in your last sexual intercourse. Did you use condom in your last sexual intercourse?	YES1 NO2

412	Do you know where you can obtain condom ?	YES1 NO2 415
413	Which place is that ?	PUBLIC SECTOR GOVERNMENT/SAMPLE HOSPITALA MATERNITY HOUSEB MOTHER-CHILD HEALTH AND FAMILY PLANNING (MCHPP) CENTREC HEALTH CENTRED HEALTH HOUSEE
	(NAME OF PLACE)	SSK HOSPITAL/DISPENSARYF OTHER PUBLIC SECTORG (SPECIPY)
		PRIVATE SECTOR PRIVATE HOSPITALH PRIVATE POLYCLINICI PRIVATE DOCTORJ PRIVATE MIDWIPE/NURSEK PHARMACYL OTHER PRIVATE SECTOR M (SPECIFY)
İ		UNIVERSITY HOSPITAL
		MARKET/SHOPP PRIEND/RELATIVE/NEIGHBOURR OTHERT (SPECIFY)
415	How old were you when you had your first sexual intercourse ?	PIRST TIME WHEN MARRIED96

503	Is your wife (or one of your wives)currently pregnant ?	YES
504	At the time your wife became pregnant, did you want this pregnancy then, did you want to wait until later, or did you not want to have any more children at all ?	THEN
505	CHECK 503: WIFE CURRENTLY NOT PREGNANT OR NOT SURE Now I have some questions about the future. Would you like to have After the child you are (a/another) child or expecting, would you like would you prefer not to to have another child or have any (more) children? WIFE PREGNANT Now I have some questions about the future. After the child you are expecting, would you like to have another child or have any more children?	HAVE (A/ANOTHER) CHILD
506	CHECK 503: WIFE NOT PREGNANT OR NOT SURE WIPE PREGNANT WIPE PREGNANT WIPE PREGNANT WIPE PREGNANT WIPE PREGNANT WIPE PREGNANT WE have the child you are expecting now, how long would from now before the expecting now, how long would you like to wait before the birth of another child?	MONTHS
507	CHECK 308 : USING ANY METHOD ? NOT CURRENTLY USING USING	512
508	Do you think you will use a method to delay or avoid pregnancy within the next 12 months ?	YES
509	Do you think you will use a method to delay or avoid pregnancy at any time in the future ?	YES

510	Which method would you prefer to use ?	PILL
511	What is the main reason that you think you will never use a method ?	PERTILITY RELATED REASONS INPREQUENT SEX
		OPPOSITION TO USE HIMSELF OPPOSED
		METHOD-RELATED REASONS HEALTH CONCERNS
		OTHER 96 (SPECIPY) DON'T KNOW98
512	CHECK 202 AND 204 : HAS LIVING CHILDREN If you could go back to If you could choose the time you did not have exactly the number of any children and could choose children to have in exactly the number of children your whole life, how many to have in your whole life, would that be?	NUMBER

513	How many of these children would you like to be boys, how many would you like to be girls and for how many? would it not matter?	NUMBER
514	Do you approve of couples using a method to avoid getting pregnant ?	APPROVE
515	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio ? On the television ? In newspapers/magazines ? In secondary schools ? In high schools ?	NOT DO ACCEPT- ACCEPT- NOT ABLE ABLE KNOW RADIO1 2 8 TELEVISION1 2 8 NEWSP./MAGZ1 2 8 SECONDARY1 2 8 HIGH
516	In the last few months have you heard about family On the radio ? On the television ? In newspaper or magazine? From a poster ? From brochures or leaflets ? From billboards or cloth posters ? Any other place ?	YES NO RADIO
518	In the last few months have you discussed the practice of family planning with friends, neighbours, or relatives ?	YES

519	₩ith whom ?	WIFE/PARTNERA	
		MOTHERB	
	Anyone else ?	PATHERC	
		SISTER(S)D	
	RECORD ALL MENTIONED.	BROTHER(S)	
-		DAUGHTERP	
		SONG	
		MOTHER-IN-LAWH	•
	1	FRIEND/RELATIVEI	
2.0		NEIGHBOURJ	
		112,00,000,000	
	1	OTHER U	
		(SPECIFY)	
	1	(3.2311)	
	ī.	1	
520	Now I want to ask you about your wife's	1	
	views on family planning.	APPROVES1	
		DISAPPROVES2	
	Do you think that your wife approves of	DON'T KNOW8	
	couples using a method to avoid pregnancy?	BON I RNOW	
	couples using a method to avoid pregnancy ?	<u> </u>	
		*	
523	Do you think your wife wants the same number	SAME NUMBER1	
<i>)-</i> 3	of children that you want, or does she want more or fewer	MORE CHILDREN2	
	than you want?	FEWER CHILDREN3	
•	than you want to	DON'T KNOW8	
		DON I ANOW	
	<u> </u>	<u>1 </u>	
	1	1	
524	Do you think that the use of family planning is	YES1	
	against religion ?	SOME METHODS ARE2	
	againot feitgion :	NO3	
1.5		• · · · · · · · · · · · · · · · · · · ·	0044
	·		-⊳801A
		DON'T KNOW8—	
		i	
		1	
525	Which method(s) do you think (are) is against religion ?	PILLA	
<i>J~J</i>	miles messes, so you online (allo) to against religion (IUDB	
)	
		INJECTABLESC NORPLANTD	
-		DIAPHRAGM/FOAM/JELLYE	
		CONDOMF	
		TUBAL LIGATION	
-		MALE STERILIZATION	
		RHYTHMI	
į, i	RECORD ALL MENTIONED.	WITHDRAWALj	
		SEXUAL ABSTINENCEK	
, i	_		
	·	OTHER METHODL	
		(SPECIPY)	
		INDUCED ABORTIONM	

SECTION 8. SEXUALLY TRANSMITTED DISEASES AND AIDS

801A	Now I would like you talk you about sexually transmitted diseases.	
	Have you ever heard of sexually transmitted diseases ?	YES
801B	Which diseases have you heard ? RECORD ALL MENTIONED.	SYPHILIS
801K	снеск 801в ;	
	NOT MENTIONED AIDS MENTIONE	D AIDS 802A
801L	Have you ever heard of an illness called AIDS ?	YES1 NO2→→901
802A	From which sources of information have you learned most about AIDS ? Any other sources ?	RADIO
	RECORD ALL MENTIONED.	MOSQUESF SCHOOLS/TEACHERSG FRIENDS/RELATIVESI WORK PLACEJ
		OTHERU

802B	Through what ways a person is transmitted AIDS ? Any other ways ? RECORD ALL MENTIONED.	SEXUAL RELATION
		OTHERU (SPECIFY) OTHERV (SPECIFY) DON'T KNOW
803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS ?	YES
804	What can a person do ? Any other ways ? RECORD ALL MENTIONED.	SAPE SEX
807	Is it possible for a healthy-looking person to have the AIDS virus ?	YES
808A	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease ?	ALMOST NEVER

8088	Is there a medical teratment for AIDS ?	YES
808c	Is AIDS transmitted from mother to child ?	YES
808b	Do you know anyone with HIV virus or anyone died from AIDS ?	DON'T KNOW

SECTION 9. ATTITUDE

904	Woman can sometimes make things that may annoy or				
7 04	make angry her husband. Now I will talk about some	i			
	situations. Can you please tell me if the husband can		Yes	NO	рĸ
	have the right for beating his wife in those situations?				
	If she burns the food ?	l			
	If she neglects the care of children ?	BURN FOOD		2	8
	If she argues with her husband ?	NEGLECT C	HILD CARE1	2	8
	If she talks with other men ?	ARGUE WITH	HUSBAND1	2	8
	If she spends the money needlessly ?	TALK OTHE	R MEN1	2	8
	If she refuses to have sexual intercourse?	SPEND NEE	dlessly1	2	8
		SEXUAL IN	rercourse1	2	8
905	Now I will read you a few sentences. I would like to				
105	Now I will read you a few sentences. I would like to learn what you think about the ideas in these sentences. Do you agree or disagree with the following:	agrees	DISAGREES	HAS	Idea
905	learn what you think about the ideas in these sentences.	AGREES 1	DISAGREES 2	*	
905	learn what you think about the ideas in these sentences. Do you agree or disagree with the following: The important decisions in the family should be			*	IDEA
005	learn what you think about the ideas in these sentences. Do you agree or disagree with the following: The important decisions in the family should be made by the male family members. Men are usually wiser than women. A woman should not argue with her husband even if	1	2	*	idea 8
905	learn what you think about the ideas in these sentences. Do you agree or disagree with the following: The important decisions in the family should be made by the male family members. Men are usually wiser than women.	1	2	*	idea 8 8
905	learn what you think about the ideas in these sentences. Do you agree or disagree with the following: The important decisions in the family should be made by the male family members. Men are usually wiser than women. A woman should not argue with her husband even if	1	2	*	idea 8 8

Ī			
	912	RECORD THE TIME.	HOUR
·	913	PRESENCE OP OTHERS DURING INTERVIEW : CIRCLE ALL APPROPRIATE ALTERNATIVES.	NO ONE
	914	WAS THE INTERVIEW INTERRUPTED ? IF YES, FOR HOW LONG , APPROXIMATELY ? (IN MINUTES)	NO
	915	WHAT LANGUAGE WAS USED DURING THE INTERVIEW ?	TURKISH
	916	WAS AN INTERPRETER USED DURING THE INTERVIEW ?	YBS
	917	WHAT IS THE RELIABILITY OF THE RESPONSES, IN YOUR OPINION ?	POOR

: alva NAME OF THE EDITOR: EDITOR'S OBSERVATIONS DATE: NAME OF THE SUPERVISOR: SUPERVISOR'S OBSERVATIONS ANY OTHER COMMENTS COMMENTS ON SPECIFIC QUESTIONS COMMENTS ABOUT HUSBAND

INTERVIEWER'S OBSERVATIOUS (To be filled after completing interview)

1 Adana	21 Diyarbakir	41 KOCAELI	61 Trabzon
02 Adiyaman	22 EDIRNE	42 Konya	62 TUNCELI
03 Afyon	23 ELAZIĞ	43 КОТАНУА	63 Şanliurfa
04 Ağrı	24 Erzincan	44 MALATYA	64 Uşak
05 Amasya	25 Erzurum	45 Manisa	65 VAN
06 Ankara	26 Eskişehir	46 K.Maras	66 YOZGAT
07 ANTALYA	27 Gaziantep	47 Mardin	67 ZONGULDAK
08 Artvin	28 Giresun	48 Muğla	68 Aksaray
09 Aydin	29 Gümüşhane	49 Muş	69 BAYBURT
10 Balikesir	30 Hakkari	50 Nevşehir	70 Karaman
II Bilecik	, 31 HATAY	51 Nigde	71 KIRIKKALE
12 BINGÖL	32 ISPARTA	52 ORDU	72 BATMAN
13 Bitlis	33 İÇEL	53 Rize	73 Şirnak
14 Bolu	34 ISTANBUL	54 Sakarya	74 BARTIN
15 BURDUR	35 İzmir	55 Samsun	75 Ardahan
16 Bursa	36 Kars	56 Silrt	76 Iğdir
17 ÇANAKKALE	37 KASTAMONU	57 STNOP	77 YALOVA
8 Çankiri	38 Kayseri	58 SIVAS	78 Karabük
19 Çorum	39 Kirklareli	59 Tekirdağ	79 Kilis
0 Denizli	40 Kirşehir	60 Tokat	80 Osmaniye

CONVERSION OF YEARS OF BIRTH FROM RUMI CALENDAR TO MILADI CALENDAR YEARS:

RUMÍ YEAR + 584 = MILADI YEAR